

Certified as a Regulation (or as  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

M. J. Mulvaney  
(Signature)

Director  
(Title)

10/1/46  
(Date)



MAIN OFFICE  
SACRAMENTO  
616 K STREET  
(14)

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET  
(13)

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET  
(3)

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento 14  
October 1, 1946

### SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN  
1680 NORTH VINE STREET  
LOS ANGELES

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1100 UNION STREET  
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1170 SEVENTH AVENUE  
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2816 OAK KNOLL TERRACE  
BERKELEY

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:

My dear Mr. Jordan:

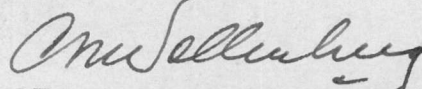
Attached are three copies of the following regulations  
made by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 284 (3 Aids) (Emergency Regulation)

The last two paragraphs are to be stricken from page 13 of  
this bulletin.

These regulations are filed in accordance with Section 11381  
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

63:b5  
Attachments

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616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
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SAN FRANCISCO OFFICE  
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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. MOLLENBERG  
DIRECTOR

Sacramento  
August 30, 1946

SSA Title I  
114, 115, 116, 1560, 2025,  
2140, 3075

FILED

In the office of the Secretary of State  
of the State of California

OCT 3 - 1946

FRANK M. JORDAN, Secretary of State

By *Frank M. Jordan*  
Assistant Secretary of State

DEPARTMENT BULLETIN NO. 284 (3 AIDS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Amendments to Social Security Act  
Effective October 1, 1946

Amendments to Title I of the Social Security Act as passed by Congress make Section 2025 of the Old Age Security Law effective October 1, 1946, and change the methods of computing Federal reimbursement. The following rulings and regulations were adopted by the Social Welfare Board on August 23, 1946.

A. OLD AGE SECURITY GRANT ADJUSTMENTS EFFECTIVE OCTOBER 1, 1946

Section 2025 of the Welfare and Institutions Code provides as follows:

"If, when, and during such times as the United States Government increases its contributions in assistance of the aged in this State, the amount of the grant of aid provided for in this article shall be increased by an amount equal to such increase by the United States Government, but in no event shall the total aid granted under this chapter exceed (\$60) per month."

The change in the amount of Federal reimbursement will requirement adjustments in the grants of Old Age Security recipients effective October 1, 1946, when the maximum Old Age Security grant will be \$55. Most recipients will receive a \$5 increase in the grant. The budget deficiency for many whose aid has been computed by the budget method is such that they will be entitled to a \$5 increase, whereas the budget deficiency in other cases is such that an increase in a lesser amount will be made. When the current grant plus the income equals total need of \$55 or more there is no budget deficiency and consequently such recipient will be entitled to receive no increase.

Since the amount of the increase to be made cannot be ascertained by reference to the payroll, reference to the case records for the entire caseload will be necessary in order that proper increases can be made effective as of October 1.

In order that one warrant may be issued in October to cover the full amount payable for that month, and so that warrant may be delivered without delay, counties may secure action by the board of supervisors in September on increases to be effective October 1, 1946.



I. RECIPIENTS CURRENTLY RECEIVING A GRANT OF \$50 BECAUSE THEY HAVE NO INCOME FROM ANY SOURCE (OTHER THAN CASUAL INCOME)

Aid for each recipient must be increased to \$55.

Reports of increases of \$5 for recipients falling in this group may be submitted to the State Department of Social Welfare in list form, or by use of the Notice of Change form for the individual case. If a list is used it shall be in accord with the attached form and the cases shall be listed in numerical order according to State number. Two copies thereof shall be submitted showing action of the board of supervisors. When lists are used proper notation must be made in the chronological record for the individual case showing the increase in amount of aid effective October 1, 1946. Use of a rubber stamp is suggested in order to record the following information:

"Aid increased effective October 1, 1946, to \$ \_\_\_\_\_ in  
accord with Section 2025 of the Welfare and Institutions  
Code per action of Board of Supervisors on \_\_\_\_\_."  
Date

Those few recipients who received \$50 Old Age Security in July 1943, and who are currently receiving exempt agricultural income (or income from nursing service) will not be entitled to receive an automatic increase to \$55 effective October 1, 1946. Adjustments for such cases must be presented on a Notice of Change inasmuch as the first \$5 of the hitherto exempt agricultural income becomes deductible. Therefore, for each recipient whose total need does not exceed \$55, the October 1 adjustment must be reported on a Notice of Change. Insert the required information opposite "Change in Need or Income, No Change in Grant" on Form Ag 232 as follows:

| Change<br><br>(Column 1)                                  | Effec.Date<br>of Change<br><br>(Column 5) | Total Amount<br>Aged Aid Per<br>Month Granted<br>From Date of<br>Change<br>(Column 3) | INCOME OTHER THAN AGED AID                           |   |
|---|---|---|--|---|
|   |   |   | Total Income<br>Other Than<br>Aged Aid<br>(Column 4) | Source and<br>Amount of<br>Income<br>(Column 5) |
| Change in<br>Need or<br>Income. No<br>Change in<br>Grant. | 10/1/46                                   | \$50  | \$5  | Agriculture \$5                                 |

If the agricultural income is less than \$5, increase in the grant to the extent of the difference between \$55 and the agricultural income will be necessary. For example, if the recipient who received \$50 Old Age Security in July 1943, has \$3 income in October for agricultural labor (which is not determined to be casual income), his grant must be increased to \$52. Enter the required information opposite "Increase" on the Form Ag 232.

## II. RECIPIENTS CURRENTLY RECEIVING A GRANT OF LESS THAN \$50 DUE TO DEDUCTION OF INCOME FROM \$50

There will be a \$5 increase in the grant of each such recipient so that the amount of the grant plus income will equal \$55. Reports of increases of \$5 to recipients falling in this group may be submitted to the State Department of Social Welfare in list form or by submission of the usual Notice of Change for the individual case. If a list is used, it shall be prepared in accord with instructions appearing under Item 1, above. When lists are used proper notation must be made in the chronological record for the individual case showing the increase in the amount of aid effective October 1, 1946, and the date of the board of supervisors' action increasing the aid.

The usual Notice of Change showing the source and amount of income, etc., must be submitted for every case in which a change in income is reported.

A Notice of Change must be used to report an increase in the amount of deductible income from agricultural labor (or nursing service). For example, a recipient in September receives \$41 Old Age Security, his \$3 occupancy value and the first \$6 of his agricultural income being deducted from \$50 (deduction of \$6 necessary to keep grant at amount received in July, 1943). Effective October 1, such additional amount of his agricultural income as is necessary to keep the grant at \$41 becomes deductible. Complete the Form Ag 232 as follows:

| Change<br><br>(Column 1)                                 | Effec. Date<br>of Change<br><br>(Column 2) | Total Amount<br>Aged Aid Per<br>Month Granted<br>From Date of<br>Change<br><br>(Column 3) | INCOME OTHER THAN AGED AID                               |   |
|--|--|---|--|---|
|  |  |   | Total Income<br>Other Than<br>Aged Aid<br><br>(Column 4) | Source and<br>Amount of<br>Income<br><br>(Column 5) |
| Change in<br>Need or<br>Income. No<br>Change in<br>Grant | 10/1/46                                    | \$41  | \$14   | O.V. \$3<br>Agriculture \$11                        |

If the recipient's agricultural income is in such small amount that all of it becomes deductible, and increase is necessary to adjust the grant so that the aid paid plus the income shall equal \$55, the required information is entered opposite "Increase" on the Form Ag 232. In the above example if the total income from agricultural income was only \$9 aid would have to be increased to \$43.

## III. NEED IN EXCESS OF \$50

Appropriate adjustment in the grants of individual recipients currently receiving aid in accord with the budget method under Manual Section 155-25, and those whose total need is currently determined by adding the cost of special items of need to \$50 as outlined in Manual Section 155-30, must be made effective October 1, 1946.



For each adjustment in the grant to conform to Section 2025 the usual Notice of Change reporting total need, the source and amount of income, etc., and the board of supervisors' action shall be submitted to the SDSW.

(There may be some recipients whose grants are currently determined on the basis of need in excess of \$50 and who currently receive exempt agricultural income. When October 1, 1946, grant adjustments are determined consideration must be given to that part of the agricultural income, if any, which becomes deductible income.)

\* \* \* \* \*

In general, the amount of the grant will be computed on the basis of information currently included in the individual case record. However, when the income is such that a redetermination of it is normally due, or there is indication that total need, as currently established, may require review, a recheck of both the income and need factors should be made immediately in order that the October 1 adjustment in the grant will be correct.

The difference between total need and the income represents the amount of aid to which the recipient is entitled except that in no case may the grant of aid exceed \$55, the maximum amount payable to an individual. Likewise, in no case may the grant of aid, plus the income, be less than \$55.

Attention is directed to Circular Letter 342 issued August 26, 1946, which modifies policy relating to the forwarding of the Notification of Right of Appeal (Form Ag 239) for certain changes in Old Age Security grants effective 10/1/46.

Notification of Right of Appeal (Form Ag 239) need not be forwarded to Old Age Security recipients who are currently receiving a grant of \$50 because they have no income from any source, and whose grants will be increased to \$55 effective October 1, 1946. (Those whose increases may be reported by submission of a list per Circular Letter 340, Page 8, Section I.) Likewise, Form Ag 239 is not required to be sent to recipients whose grants are now determined by subtracting their income from \$50, and who will receive a \$5 increase effective October 1, 1946, in order that the grant plus the income will total \$55. (Those whose increases may be reported by submission of a list per Circular Letter 340, Page 9, Section II.)

For all other cases in which adjustments are made effective October 1, 1946, the usual Notification on Form Ag 239 shall be sent.

Form Temp 128 (Aged), August, 1946  
State of California  
Department of Social Welfare

Forward two copies to  
State Department of Social Welfare  
Sacramento, California

Date \_\_\_\_\_

OLD AGE SECURITY AUTOMATIC INCREASE LIST  
EFFECTIVE OCTOBER 1, 1946

(Not to be used for Budget or Excess Need cases)

FROM \_\_\_\_\_ COUNTY

The following recipients of Old Age Security, other than those whose grant is computed on the basis of excess need and the budget method, are entitled to an automatic increase in aid of Five Dollars (\$5.00) per month each, thus raising the grant from Fifty Dollars (\$50.00) to Fifty-five Dollars (\$55.00) per month, or adjusting the grant so that the income plus the Aid totals Fifty-five Dollars (\$55.00) per month. These increases are made to conform to the provisions of amended Title I of the Social Security Act and Section 2025 of the Welfare and Institutions Code, effective October 1, 1946.

This list includes cases in which the only adjustment is the automatic increase as required by law, and not those in which changes in income have occurred.

PAGES \_\_\_\_\_ TO \_\_\_\_\_ APPROVED BY THE BOARD OF SUPERVISORS

OF THE COUNTY OF \_\_\_\_\_ ON \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of County Clerk or Deputy

NAME

STATE CASE NUMBER

NEW RATE

OLD RATE

(Note: List cases in numerical order according to State Case Number. This form to be used for first page only. Blank sheets may be used for additional pages.)



B. OAS - ASSISTANCE PAYROLLS, RECAPITULATION SHEETS AND AFFIDAVIT

Beginning October 1, 1946, the Federal Government will pay an amount, which shall be used exclusively as old-age assistance, equal to the sum of the following proportions of the total amounts expended during such quarter as old-age assistance under the State plan with respect to each needy individual eligible for Federal participation, not counting so much of such expenditures with respect to any such individual for any month as exceeds \$45 -

- (A) Two-thirds of such expenditures, not counting so much of any expenditure with respect to any month as exceeds the product of \$15 multiplied by the total number of such individuals who received old-age assistance for such month, plus
- (B) One-half of the amount by which such expenditures exceed the maximum which may be counted under clause (A).

The following example shows the way of computing the Federal share:

| <u>Payee</u> | <u>Warrant</u> | <u>Excess over \$45</u> |
|--------------|----------------|-------------------------|
| Jones        | \$55           | \$10                    |
| Smith        | 30             | -                       |
| Doe          | 10             | -                       |
| Brown        | <u>4</u>       | <u>-</u>                |
| Total        | \$99           | \$10                    |

- 1. Total expenditure, not counting excess over \$45 =\$89
- 2. Two-thirds of such expenditures, not counting excess over the product of the number of recipients eligible for Federal participation multiplied by \$15  
  
4 times \$15 equals \$60     $2/3$  of \$60 equals..... \$40  
  
This is the part of the Federal share computed under clause (A), above.
- 3. One-half of the difference between \$89 and \$60, or..... \$14.50  
  
This is the part of the Federal share included under clause (B), above, for assistance only.
- 4. Total Federal share is \$40 plus \$14.50, or..... \$54.50

Samples of the forms with examples are included in this bulletin.

There is no change in the payroll for Federal and State Aid for Old Age Security, Form Ag 801, except as indicated below:

- 1. The column heading which reads "Total Aid Paid under Old Age Security Law (not to exceed \$50 per month)" will be changed, beginning with aid covering the month of October, 1946, to "Total Aid Paid under Old Age Security Law (not to exceed \$55 per month)".

# UNITED STATES DEPARTMENT OF AGRICULTURE

Report of the Director of the Bureau of Plant Industry, United States Department of Agriculture, for the year ending June 30, 1914.

- (1) The Bureau of Plant Industry, United States Department of Agriculture, was organized on June 30, 1914, and has since that time been engaged in the study of the diseases of plants and in the control of the same.
- (2) The Bureau of Plant Industry, United States Department of Agriculture, has since its organization been engaged in the study of the diseases of plants and in the control of the same.

The following table shows the work of the Bureau of Plant Industry, United States Department of Agriculture, for the year ending June 30, 1914.

| Item                    | Amount             | Total |
|-------------------------|--------------------|-------|
| Salaries                | \$1,000,000        |       |
| Travel                  | 50,000             |       |
| Printing                | 10,000             |       |
| Postage                 | 5,000              |       |
| Telephone               | 2,000              |       |
| Light and power         | 1,000              |       |
| Repairs and maintenance | 1,000              |       |
| Supplies                | 1,000              |       |
| Other                   | 1,000              |       |
| <b>Total</b>            | <b>\$1,010,000</b> |       |

The following table shows the work of the Bureau of Plant Industry, United States Department of Agriculture, for the year ending June 30, 1914.

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2. The column heading which reads "Amount in Excess of \$40 on Federal Cases" will be changed, beginning with aid covering the month of October, 1946, to "Amount in Excess of \$45 on Federal Cases".

There are no other changes in Form Ag 801. It will not be necessary to order new Forms Ag 801 for the October 1946 assistance payrolls, as the changes indicated above may easily be made on the forms now on hand.

The method of preparing Forms Ag 801 is exactly as at present, except (1) for the changes in conformity with the modifications in the column headings indicated above, and (2) except that any payment for months prior to October, 1946, which is included on the assistance claim for October, 1946, or subsequent months will be reported under the rules and regulations applicable prior to October, 1946; i.e., will be subject to the \$50 State maximum, and the Federal excess will be computed on the basis of a \$40 Federal maximum.

Form Ag 802, Recapitulation Sheet, has been simplified and revised to accommodate the new computations. For current monthly payments covering aid for October, 1946, and subsequent months, "Recapitulation Sheet, Form Ag 802, Revised October 1, 1946," will be used. For supplemental payments applicable to October 1946 and subsequent months, a separate "Form Ag 802, Revised October 1, 1946," will be used. This form is used in the examples.

For supplemental payments applicable to months prior to October, 1946, the unrevised Form Ag 802, effective January 1, 1944, will be used.

The formula for the computation of the Federal share in any individual case, covering aid for October, 1946, and subsequent months, is as follows:

Federal share =  $\frac{2}{3}$  of \$15 plus  $\frac{1}{2}$  of (Amount of grant, not counting amounts over \$45, less \$15)

This may be simplified for purposes of computation to:

Federal share = \$2.50 plus  $\frac{\text{Grant, not counting amounts over \$45}}{2}$

Where a supplemental payment is made covering aid for October 1946 and subsequent months, special care is needed in computing the Federal share. For example, a case receives \$40 in October, 1946, and in November receives a \$10 supplemental payment applicable to October. The principle of computation may be illustrated as follows:

|                             | Total   | Federal | State   | County |
|-----------------------------|---------|---------|---------|--------|
| Total applicable to October | \$50.00 | \$25.00 | \$20.83 | \$4.17 |
| First payment for October   | 40.00   | 22.50   | 14.58   | 2.92   |
| Supplemental \$10 payment   | \$10.00 | \$ 2.50 | \$ 6.25 | \$1.25 |

In other words, the Federal Government shares in one half of that part of the supplemental payment necessary to bring the total payment to the individual to \$45.

Aid Affidavit, Form Ag 800, Revised October, 1946, will be used after October 1, 1946. This form is substantially the same as the present form. Changes have been made to clarify the relationship between this form and the recapitulation sheets. Item 10 of the present Aid Affidavit has been removed.

Column B represents the combined amounts from the Recapitulation Sheets for supplemental payments.

The example of the Aid Affidavit in this bulletin does not contain a section on the back of the form for the computation of the county's share. The forms prepared for use by the county will contain this section.



## AID AFFIDAVIT

FROM XXX COUNTY  
FOR OLD AGE SECURITY  
MONTH OF NOVEMBER, 1946 FISCAL YEAR  
(STATE USE ONLY)

| AMOUNT DUE FROM FEDERAL FUNDS FOR AID  |    | CURRENT MONTH<br>COLUMN A | PRIOR MONTHS<br>COLUMN B |
|--|----|---------------------------|--------------------------|
| 1. TOTAL AID PAID (ITEM E, COL. 1, FORM AG 802) NUMBER OF AGED PERSONS: CURRENT MONTH <u>13</u> ; PRIOR MONTHS <u>0</u>  | \$ | 490.72                    | \$ 132.00                |
| 2. AMOUNT PAID TO AGED PERSONS INELIGIBLE FOR FEDERAL AID (TOTAL ITEMS A AND B, COL. 1, FORM AG 802) NUMBER OF PERSONS: CURRENT MONTH <u>3</u> ; PRIOR MONTHS <u>0</u> | \$ | 128.00                    | \$ 95.00                 |
| 3. TOTAL AID IN EXCESS OF \$45 PAID TO AGED PERSONS ELIGIBLE FOR FEDERAL AID (ITEM E, COL. 2, FORM AG 802)   | \$ | 20.00                     | \$ 24.00                 |
| 4. TOTAL OF ITEMS 2 AND 3  | \$ | 148.00                    | \$ 119.00                |
| 5. BASIS FOR FEDERAL PARTICIPATION (ITEM 1 MINUS ITEM 4)   | \$ | 342.72                    | \$ 13.00                 |
| 6. AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM E, COL. 3, FORM AG 802)   | \$ | 196.36                    | \$ 6.50                  |
| 7. FEDERAL SHARE OF ADJUSTMENTS (TOTAL COL. 6, FORM AG 803)  | \$ | -0-                       |                          |
| 8. FEDERAL SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 9, FORM AG 804)  | \$ | -0-                       |                          |
| 9. FEDERAL SHARE OF COLLECTIONS (TOTAL COL. 8, FORM AG 805)  | \$ | -0-                       |                          |
| 10. TOTAL OF ITEMS 7, 8, AND 9   | \$ | -0-                       |                          |
| 11. NET AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 6 MINUS ITEM 10)   | \$ | 196.36                    |                          |
| 12. TOTAL AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 11, COL. A, PLUS ITEM 6, COL. B)   |    |                           | \$ 202.86                |
| AMOUNT DUE FROM STATE FUNDS FOR AID  |    |                           |                          |
| 13. AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM E, COL. 4, FORM AG 802)  | \$ | 260.30                    | \$ 104.59                |
| 14. STATE SHARE OF ADJUSTMENTS (TOTAL COL. 7, FORM AG 803)   | \$ | -0-                       |                          |
| 15. STATE SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 10, FORM AG 804)  | \$ | -0-                       |                          |
| 16. STATE SHARE OF COLLECTIONS (TOTAL COL. 9, FORM AG 805)   | \$ | -0-                       |                          |
| 17. TOTAL OF ITEMS 14, 15, AND 16  | \$ | -0-                       |                          |
| 18. NET AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 13 MINUS ITEM 17)  | \$ | 260.30                    |                          |
| 19. TOTAL AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 18, COL. A, PLUS ITEM 13, COL. B)  |    |                           | \$ 364.89                |
| AMOUNTS FOR REPORTING PURPOSES ONLY  |    |                           |                          |
| 20. TOTAL ADJUSTMENTS (TOTAL COL. 5, FORM AG 803)  | \$ | -0-                       | APPROVAL STAMP           |
| 21. TOTAL CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 7, FORM AG 804)  | \$ | -0-                       |                          |
| 22. TOTAL COLLECTIONS (TOTAL COL. 6, FORM AG 805)  | \$ | -0-                       |                          |

STATE OF CALIFORNIA, COUNTY OF \_\_\_\_\_) SS

I, \_\_\_\_\_, BEING DULY SWORN, DEPOSE AND SAY: THAT I AM THE COUNTY OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF OLD AGE SECURITY IN AND FOR THE SAID COUNTY; THAT ALL PROVISIONS OF CHAPTER 1 OF DIVISION III OF THE WELFARE AND INSTITUTIONS CODE, AND AMENDMENTS THERETO, AND TITLE 1 OF THE SOCIAL SECURITY ACT, AND AMENDMENTS THERETO, HAVE BEEN COMPLIED WITH TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 19\_\_\_\_

SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

TITLE \_\_\_\_\_

APPROVED \_\_\_\_\_

CHAIRMAN, BOARD OF SUPERVISORS

TITLE \_\_\_\_\_

I HEREBY CERTIFY, THAT WARRANTS COVERING ALL AMOUNTS DUE UNDER THE LAW HAVE BEEN ISSUED AND CHARGED TO FUNDS FOR AID IN ACCORDANCE WITH THE OLD AGE SECURITY LAW, CHAPTER 1 OF DIVISION III OF THE WELFARE AND INSTITUTIONS CODE, AND AMENDMENTS THERETO.

SIGNATURE OF COUNTY AUDITOR

CREDIT VOUCHER CLAIM AID



FROM XXX COUNTYFOR OLD AGE SECURITY  
MONTH OF NOVEMBER, 1946

(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1946)

|  | COLUMN 1<br>TOTAL AID PAID<br>UNDER THE OLD AGE<br>SECURITY LAW<br>(TOTAL COL. 3,<br>FORM AG 801) | COLUMN 2<br>AMOUNT IN EXCESS<br>OF \$45.00 IN<br>FEDERAL CASES<br>(TOTAL COL. 4,<br>FORM AG 801) | COLUMN 3<br>FEDERAL<br>SHARE | COLUMN 4<br>STATE<br>SHARE | COLUMN 5<br>COUNTY<br>SHARE |
|--|---|--|------------------------------|----------------------------|-----------------------------|
| A) TOTAL NONFEDERAL CASES,<br>COL. 1<br>STATE SHARE, COL. 4<br>(5/6 OF TOTAL)<br>COUNTY SHARE, COL. 5<br>(1/6 OF TOTAL)  | \$ 78.00  |  |                              | \$ 65.00                   | \$ 13.00                    |
| B) TOTAL NONFEDERAL - NON-<br>COUNTY CASES, COL. 1<br>STATE SHARE, COL. 4<br>(SAME AS COL. 1)  | \$ 50.00  |  |                              | \$ 50.00                   |                             |
| C) NONCOUNTY CASES<br>TOTAL, COL. 1<br>EXCESS, COL. 2<br>FEDERAL SHARE, COL. 3<br>STATE SHARE, COL. 4<br>(SEE WORKSHEET BELOW<br>FOR COMPUTATIONS)                       | \$ 80.00  | \$ 10.00   | \$ 40.00                     | \$ 40.00                   |                             |
| D) REGULAR CASES<br>TOTAL, COL. 1<br>EXCESS, COL. 2<br>FEDERAL SHARE, COL. 3<br>STATE SHARE, COL. 4<br>COUNTY SHARE, COL. 5<br>(SEE WORKSHEET BELOW<br>FOR COMPUTATIONS) | \$ 282.72   | \$ 10.00   | \$ 156.36                    | \$ 105.30                  | \$ 21.06                    |
| E) GRAND TOTALS<br>(AMOUNTS TO BE CARRIED<br>FORWARD TO AFFIDAVIT,<br>FORM AG 800, AS NOTED)   | \$ 490.72<br>(TO ITEM 1)  | \$ 20.00<br>(TO ITEM 3)  | \$ 196.36<br>(TO ITEM 6)     | \$ 260.30<br>(TO ITEM 13)  | \$ 34.06<br>(TO ITEM 23)    |

## WORKSHEET FOR COMPUTING FEDERAL, STATE, AND COUNTY SHARES ON NONCOUNTY AND REGULAR CASES

## I NONCOUNTY CASES (ITEM C ABOVE)

FEDERAL SHARE

TOTAL NONCOUNTY CASES (ITEM C, COL. 1).....\$ 80.00

LESS: EXCESS ON NONCOUNTY CASES (ITEM C, COL. 2).....\$ 10.00

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$ 70.00

LESS: 2/3 BASIS FOR FEDERAL PARTICIPATION

(2 NONCOUNTY CASES ELIGIBLE FOR

(NUMBER) FEDERAL PARTICIPATION X \$15).....\$ 30.00

FEDERAL SHARE IS 2/3 OR \$ 20.00

BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION.....\$ 40.00

" " " 1/2 OR \$ 20.00

TOTAL FEDERAL SHARE NONCOUNTY CASES.....\$ 40.00  
(ITEM C, COL. 3, ABOVE)STATE SHARE

TOTAL NONCOUNTY CASES.....\$ 80.00

LESS: FEDERAL SHARE.....\$ 40.00

EQUALS: STATE SHARE.....\$ 40.00  
(ITEM C, COL. 4)

## II REGULAR CASES (ITEM D ABOVE)

FEDERAL SHARE

TOTAL REGULAR CASES (ITEM D, COL. 1).....\$ 282.72

LESS: EXCESS ON REGULAR CASES (ITEM D, COL. 2).....\$ 10.00

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$ 272.72

LESS: 2/3 BASIS FOR FEDERAL PARTICIPATION

(8 REGULAR CASES ELIGIBLE FOR FEDERAL

(NUMBER) PARTICIPATION X \$15).....\$ 120.00

FEDERAL SHARE IS 2/3 OR \$80.00

BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION.....\$ 152.72

" " " 1/2 OR \$76.36

TOTAL FEDERAL SHARE REGULAR CASES.....\$ 156.36  
(ITEM D, COL. 3, ABOVE)STATE SHARE

TOTAL REGULAR CASES.....\$ 282.72

LESS: FEDERAL SHARE.....\$ 156.36

EQUALS: BASIS FOR STATE AND COUNTY PARTICIPATION.....\$ 126.36

STATE SHARE IS 5/6 OR \$105.30  
(ITEM D, COL. 4, ABOVE)COUNTY SHARE IS 1/6 OR \$ 21.06  
(ITEM D, COL. 5, ABOVE)



FROM XXX COUNTY

FOR OLD AGE SECURITY

MONTH OF NOVEMBER, 1946

SUPPLEMENT FOR PRIOR MONTHS

(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1946)

|  | <u>COLUMN 1</u><br>TOTAL AID PAID<br>UNDER THE OLD<br>AGE SECURITY LAW<br>(TOTAL COL. 3,<br>FORM AG 801) | <u>COLUMN 2</u><br>AMOUNT IN EX-<br>CESS OF \$45.00<br>IN FEDERAL<br>CASES<br>(TOTAL COL. 4,<br>FORM AG 801) | <u>COLUMN 3</u><br>FEDERAL<br>SHARE | <u>COLUMN 4</u><br>STATE<br>SHARE | <u>COLUMN 5</u><br>COUNTY<br>SHARE |
|--|--|--|-------------------------------------|-----------------------------------|------------------------------------|
| A) TOTAL NONFEDERAL CASES,<br>COL. 1<br>STATE SHARE, COL. 4<br>(5/6 OF TOTAL)<br>COUNTY SHARE, COL. 5<br>(1/6 OF TOTAL)  | \$   |  |                                     | \$                                | \$                                 |
| B) TOTAL NONFEDERAL -<br>NONCOUNTY CASES, COL. 1<br>STATE SHARE, COL. 4<br>(SAME AS COL. 1)  | \$   |  |                                     | \$                                |                                    |
| C) NONCOUNTY CASES<br>TOTAL, COL. 1<br>EXCESS, COL. 2<br>FEDERAL SHARE, COL. 3<br>STATE SHARE, COL. 4<br>(SEE WORKSHEET BELOW<br>FOR COMPUTATIONS)                       | \$   | \$   | \$                                  | \$                                |                                    |
| D) REGULAR CASES<br>TOTAL, COL. 1<br>EXCESS, COL. 2<br>FEDERAL SHARE, COL. 3<br>STATE SHARE, COL. 4<br>COUNTY SHARE, COL. 5<br>(SEE WORKSHEET BELOW<br>FOR COMPUTATIONS) | \$ 12.50   | \$ 10.00   | \$ 1.25                             | \$ 9.38                           | \$ 1.87                            |
| E) GRAND TOTALS<br>(AMOUNTS TO BE CARRIED<br>FORWARD TO AFFIDAVIT<br>FORM AG 800 AS NOTED)   | \$ 12.50<br>(TO ITEM 1)  | \$ 10.00<br>(TO ITEM 3)  | \$ 1.25<br>(TO ITEM 6)              | \$ 9.38<br>(TO ITEM 13)           | \$ 1.87<br>(TO ITEM 23)            |

WORKSHEET FOR COMPUTING FEDERAL, STATE, AND COUNTY SHARES ON NONCOUNTY AND REGULAR CASES

## I NONCOUNTY CASES (ITEM C ABOVE)

FEDERAL SHARE

TOTAL NONCOUNTY CASES (ITEM C, COL. 1).....\$

LESS: EXCESS ON NONCOUNTY CASES (ITEM C, COL. 2).....\$

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$

LESS: 2/3 BASIS FOR FEDERAL PARTICIPATION

(NUMBER) NONCOUNTY CASES ELIGIBLE FOR

(NUMBER) FEDERAL PARTICIPATION X \$15).....\$

FEDERAL SHARE IS 2/3 OR \$

BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION.....\$

" " " 1/2 OR \$

TOTAL FEDERAL SHARE NONCOUNTY CASES.....\$

(ITEM C, COL. 3, ABOVE)

STATE SHARE

TOTAL NONCOUNTY CASES.....\$

LESS: FEDERAL SHARE.....\$

EQUALS: STATE SHARE.....\$

(ITEM C, COL. 4)

## II REGULAR CASES (ITEM D ABOVE)

FEDERAL SHARE

TOTAL REGULAR CASES (ITEM D, COL. 1).....\$ 12.50

LESS: EXCESS ON REGULAR CASES (ITEM D, COL. 2).....\$ 10.00

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$ 2.50

LESS: 2/3 BASIS FOR FEDERAL PARTICIPATION

(NUMBER) REGULAR CASES ELIGIBLE FOR FEDERAL PARTICIPATION X \$15) \$

FEDERAL SHARE IS 2/3 OR \$

BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION.....\$ 2.50

" " " 1/2 OR \$ 1.25

TOTAL FEDERAL SHARE REGULAR CASES.....\$ 1.25

(ITEM D, COL. 3, ABOVE)

STATE SHARE

TOTAL REGULAR CASES.....\$ 12.50

LESS: FEDERAL SHARE.....\$ 1.25

EQUALS: BASIS FOR STATE AND COUNTY PARTICIPATION.....\$ 11.25

STATE SHARE IS 5/6 OR \$ 9.38

(ITEM D, COL. 4, ABOVE)

COUNTY SHARE IS 1/6 OR \$ 1.87

(ITEM D, COL. 5, ABOVE)



## RECAPITULATION SHEET

FROM XXXXX COUNTY

FOR OLD AGE SECURITY

MONTH OF NOVEMBER, 1946SUPPLEMENT FOR PRIOR  
MONTHS(INCLUDE ONLY AID COVERING MONTHS BEFORE OCTOBER 1, 1946)

|   | COLUMN 1   | COLUMN 2   | COLUMN 3   | COLUMN 4  | COLUMN 5                                       |
|---|--|--|--|---|--|
|   | TOTAL AID PAID<br>UNDER THE OLD<br>AGE SECURITY LAW<br>(TOTAL COL. 4,<br>FORM AG 801)    | AMOUNT IN EX-<br>CESS OF \$40.00<br>IN FEDERAL<br>CASES<br>(TOTAL COL. 5,<br>FORM AG 801)    | FEDERAL<br>SHARE   | STATE<br>SHARE  | COUNTY<br>SHARE                                |
| A) TOTAL AND EXCESS AID<br>(NON-FEDERAL, NON-COUNTY<br>NON-FEDERAL, NON-COUNTY,<br>AND REGULAR CASES)<br><br>SHOW IN COLS. 1 & 2  | \$ 119.50  | \$ 14.00   |  |   |  |
| B) LESS: TOTAL OF NON-<br>FEDERAL CASES<br><br>SHOW IN COL. 1<br>(STATE SHARE IS 5/6 OF<br>TOTAL, SHOW IN COL. 4;<br>COUNTY SHARE IS 1/6 OF<br>TOTAL, SHOW IN COL. 5)   | \$ 95.00   |  |  | \$ 79.17  | \$ 15.83                                       |
| C) LESS: TOTAL OF NON-<br>COUNTY NON-FEDERAL CASES<br><br>SHOW IN COL. 1 & 4  | \$ -0-   |  |  | \$  |  |
| D) TOTAL OF FEDERAL CASES<br>(ITEM A MINUS ITEMS B &<br>C, COL. 1)  | \$ 24.50   |  |  |   |  |
| E) LESS: TOTAL AND EXCESS<br>OF NON-COUNTY CASES<br><br>SHOW IN COLS. 1 & 2<br>(FEDERAL SHARE IS TOTAL<br>LESS EXCESS DIVIDED BY<br>2, SHOW IN COL. 3; STATE<br>SHARE IS TOTAL LESS<br>FEDERAL, SHOW IN COL. 4)   | \$ -0-   | \$   | \$   | \$  |  |
| F) TOTAL AND EXCESS OF<br>REGULAR CASES<br><br>ITEM D MINUS ITEM E, COL.<br>1 ITEM A MINUS ITEM E,<br>COL. 2 (FEDERAL SHARE<br>IS TOTAL LESS EXCESS<br>DIVIDED BY 2, SHOW IN<br>COL. 3; TOTAL (COL. 1-F)<br>LESS FEDERAL (COL. 3) 5/6<br>OF RESULT EQUALS STATE<br>SHARE, SHOW IN COL. 4-F;<br>TOTAL (COL. 1-F) LESS FED-<br>ERAL (COL. 3) 1/6 OF<br>RESULT EQUALS COUNTY<br>SHARE, SHOW IN COL. 5-F) | \$ 24.50   | \$ 14.00   | \$ 5.25  | \$ 16.04  | \$ 3.21  |
| G) GRAND TOTALS   | \$ 119.50  | \$ 14.00   | \$ 5.25  | \$ 95.21  | \$ 19.04                                       |
|   | SAME AS ITEM A.<br>(AMOUNT CARRIED<br>FORWARD TO ITEM 1<br>ON AFFIDAVIT, FORM<br>AG 800) | SAME AS ITEM<br>A. (AMOUNT<br>CARRIED FOR-<br>WARD TO ITEM<br>3 ON AFFIDAVIT<br>FORM AG 800) | ITEM E PLUS ITEM<br>F. THIS TOTAL IS<br>THE SAME AS TOTAL<br>OF ITEM D, COL. 1<br>LESS EXCESS ITEM<br>A, COL. 2,<br>DIVIDED BY TWO.<br>(AMOUNT CARRIED<br>FORWARD TO ITEM<br>6 ON AFFIDAVIT,<br>FORM AG 800) | ITEM B PLUS ITEMS<br>C, E, AND F.<br>(AMOUNT CARRIED<br>FORWARD TO ITEM<br>13 ON AFFIDAVIT,<br>FORM AG 800) | ITEM B PLUS<br>ITEM F.<br>(COUNTY USE<br>ONLY) |



FORWARD TWO COPIES TO THE  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIA

## CLAIM FOR FEDERAL AND STATE AID FOR OLD AGE SECURITY

PAID BY XXXX COUNTY,MONTH OF NOVEMBER, 19 46

WARRANTS DATED

NOVEMBER 1, 1946

(INDICATE NONCOUNTY CASES BY (\*), NONFEDERAL CASES BY (\*\*), AND NONCOUNTY-NONFEDERAL CASES BY (\*\*\*) IN COLUMN 3)

| 1<br>NAME |          | 2               | 3   | 4  | 5   | 6   | 7                          | 8                 |
|-----------|----------|-----------------|---|--|---|---|----------------------------|-------------------|
| FAMILY    | GIVEN    | STATE<br>NUMBER | TOTAL AID<br>PAID UNDER<br>OLD AGE<br>SECURITY<br>LAW (NOT<br>TO EXCEED<br>\$55 PER<br>MONTH) | AMOUNT<br>IN EX-<br>CESS OF<br>\$45 ON<br>FEDERAL<br>CASES | FEDERAL<br>SHARE<br>NON-<br>COUNTY<br>CASES | STATE<br>SHARE<br>NON-<br>COUNTY<br>AND<br>NON-<br>FEDERAL<br>CASES | DO NOT WRITE IN THIS SPACE | WARRANT<br>NUMBER |
|           |          |                 |   |  |   |   |                            |                   |
| JONES     | TOM      | 1               | 55.00   | 10.00  |   |   |                            | 111               |
| SMITH     | DICK     | 2               | *55.00  | 10.00  |   |   |                            | 112               |
| BROWN     | HARRY    | 3               | 38.00   |  |   |   |                            | 113               |
| WEST      | BRIDGET  | 4               | *25.00  |  |   |   |                            | 114               |
| GREENE    | HERCULES | 5               | 45.00   |  |   |   |                            | 115               |
| CONNER    | BRENDA   | 6               | **48.00   |  |   |   |                            | 116               |
| WILSON    | COBINA   | 7               | 42.00   |  |   |   |                            | 117               |
| STEWART   | ADOLPH   | 8               | 37.50   |  |   |   |                            | 118               |
| WHITE     | MAGGIE   | 9               | ***50.00  |  |   |   |                            | 119               |
| BLACK     | FRITZ    | 10              | **30.00   |  |   |   |                            | 120               |
| JONES     | HENRY    | 11              | 29.03   |  |   |   |                            | 121               |
| WILLIAMS  | JAMES    | 12              | 24.19   |  |   |   |                            | 122               |
| WALLACE   | PAT      | 13              | 12.00   |  |   |   |                            | 123               |







FORWARD TWO COPIES TO THE STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO

## CLAIM FOR FEDERAL AND STATE AID TO NEEDY AGED PERSONS

PAID BY XXX COUNTY, CALIFORNIAMONTH OF NOVEMBER, 19 46  
SUPPLEMENT FOR MONTHS PRIOR TO 10/1/46

WARRANTS DATED

SEE COLUMN 9

(INDICATE NONCOUNTY CASES BY (\*), NONFEDERAL CASES BY (\*\*), AND NONCOUNTY-NONFEDERAL CASES BY (\*\*\*) IN COLUMN 4)

| 1   | 2      | 3               | 4  | 5   | 6   | 7   | 8                             | 9                 |
|---|--------|-----------------|--|---|---|---|-------------------------------|-------------------|
| NAME  |        | STATE<br>NUMBER | TOTAL AID PAID<br>UNDER OLD AGE<br>SECURITY LAW<br>(NOT TO EXCEED<br>\$50 PER MONTH) | AMOUNT<br>IN EXCESS<br>OF \$40<br>ON FEDERAL<br>CASES | FEDERAL<br>SHARE<br>NONCOUNTY<br>CASES<br><br>(COMPLETION OF COLS. 6 & 7<br>OPTIONAL) | STATE<br>SHARE<br>NONCOUNTY<br>AND<br>NONFEDERAL<br>CASES | DO NOT WRITE IN<br>THIS SPACE | WARRANT<br>NUMBER |
| FAMILY  | GIVEN  |                 |  |   |   |   |                               |                   |
|   |        |                 |  | NOVEMBER, 1945  |   |   |                               |                   |
| WILSON,   | COBINA | 7               | 6.00   | 2.00  |   |   |                               | 117<br>11/1/46    |
| STEWART,  | ADOLPH | 8               | **37.50  |   |   |   |                               | 118<br>11/1/46    |
|   |        |                 |  | DECEMBER, 1945  |   |   |                               |                   |
| WILSON,   | COBINA | 7               | 6.00   | 2.00  |   |   |                               | 117<br>11/1/46    |
| STEWART,  | ADOLPH | 8               | **37.50  |   |   |   |                               | 118<br>11/1/46    |
|   |        |                 |  | APRIL, 1946   |   |   |                               |                   |
| JONES,  | TOM    | 1               | ** 2.50  |   |   |   |                               | 111<br>11/1/46    |
|   |        |                 |  | MAY, 1946   |   |   |                               |                   |
| JONES,  | TOM    | 1               | ** 2.50  |   |   |   |                               | "                 |
|   |        |                 |  | JUNE, 1946  |   |   |                               |                   |
| JONES,  | TOM    | 1               | ** 2.50  |   |   |   |                               | "                 |
|   |        |                 |  | JULY, 1946  |   |   |                               |                   |
| JONES,  | TOM    | 1               | ** 12.50   |   |   |   |                               | "                 |
|   |        |                 |  | AUGUST, 1946  |   |   |                               |                   |
| JONES,  | TOM    | 1               | 12.50  | 10.00   |   |   |                               | "                 |
| NOTE: INDIVIDUAL WARRANTS FOR EACH MONTH OR ONE WARRANT COVERING ALL MONTHS FOR EACH CASE MAY BE ISSUED,<br>THE AMOUNT PAID FOR EACH MONTH TO BE REPORTED SEPARATELY. |        |                 |  |   |   |   |                               |                   |

NOTE: INDIVIDUAL WARRANTS FOR EACH MONTH OR ONE WARRANT COVERING ALL MONTHS FOR EACH CASE MAY BE ISSUED, THE AMOUNT PAID FOR EACH MONTH TO BE REPORTED SEPARATELY.

# C. ANB - ASSISTANCE PAYROLLS, RECAPITULATION SHEETS AND AFFIDAVIT

Beginning October 1, 1946, the Federal Government will pay an amount, which shall be used exclusively as aid to the blind, equal to the sum of the following proportions of the total amounts expended during such quarter as aid to the blind under the State plan with respect to each needy individual eligible for Federal participation, not counting so much of such expenditure with respect to any such individual for any month as exceeds \$45 -

- (A) Two-thirds of such expenditures, not counting so much of any expenditure with respect to any month as exceeds the product of \$15 multiplied by the total number of such individuals who received aid to the blind for such month, plus
- (B) One-half of the amount by which such expenditures exceed the maximum which may be counted under clause (A).

The following example shows the way of computing the Federal share:

| <u>Payee</u> | <u>Warrant</u> | <u>Excess over \$45</u> |
|--------------|----------------|-------------------------|
| Jones        | \$60           | \$15                    |
| Smith        | 30             | -                       |
| Doe          | 10             | -                       |
| Brown        | 4              | -                       |
| Total        | \$104          | \$15                    |

1. Total expenditure, not counting excess over \$45 = \$89

2. Two-thirds of such expenditures, not counting excess over the product of the number of recipients eligible for Federal participation multiplied by \$15

4 times \$15 equals \$60 2/3 of \$60 equals..... \$40

This is the part of the Federal share computed under clause (A), above.

3. One-half of the difference between \$89 and \$60, or..... \$14.50

This is the part of the Federal share included under clause (B), above, for assistance only.

4. Total Federal share is \$40 plus \$14.50 or..... \$54.50

Samples of the forms with examples are included in this bulletin.

There is no change in the payroll for Federal and State Aid for Needy Blind, Form Bl 801, except that the column heading which reads: "Amount of Excess of \$40 on Federal Cases" will be changed, beginning with aid covering the month of October, 1946, to "Amount in Excess of \$45 on Federal Cases".



There are no other changes in Form Bl 801. It will not be necessary to order new Forms Bl 801 for the October, 1946, assistance payrolls, as the changes indicated above may easily be made on the forms now on hand.

The method of preparing Form Bl 801 is exactly as at present, except (1) for the change in conformity with the modification in the column heading indicated above, and (2) except that any payment for months prior to October, 1946, which is included on the assistance claim for October, 1946, or subsequent months will be reported under the rules and regulations applicable prior to October, 1946; i.e., the Federal excess will be computed on the basis of \$40 Federal maximum instead of a \$45 Federal maximum.

Form Bl 802, Recapitulation Sheet, has been simplified and revised to accommodate the new computations. For current monthly payments covering aid for October, 1946, and subsequent months, "Recapitulation Sheet, Form Bl 802, Revised October 1, 1946," will be used. For supplemental payments applicable to October, 1946, and subsequent months, a separate "Form Bl 802, Revised October 1, 1946," will be used. This form is used in the examples.

For supplemental payments applicable to months prior to October, 1946, the unrevised Form Bl 802, Effective January 1, 1944, will be used.

The formula for the computation of the Federal share in any individual case, covering aid for October, 1946, and subsequent months, is as follows:

Federal share =  $\frac{2}{3}$  of \$15 plus  $\frac{1}{2}$  of (Amount of grant, not counting amounts over \$45, less \$15)

This may be simplified for purposes of computation to:

Federal share = \$2.50 plus  $\frac{\text{Grant, not counting amounts over \$45}}{2}$

Where a supplemental payment is made covering aid for October, 1946, and subsequent months, special care is needed in computing the Federal share. For example, a case receives \$40 in October, 1946, and in November receives a \$10 supplemental payment applicable to October. The principle of computation may be illustrated as follows:

|                             | <u>Total</u> | <u>Federal</u> | <u>State</u> | <u>County</u> |
|-----------------------------|--------------|----------------|--------------|---------------|
| Total applicable to October | \$50.00      | \$25.00        | \$12.50      | \$12.50       |
| First payment for October   | <u>40.00</u> | <u>22.50</u>   | <u>8.75</u>  | <u>8.75</u>   |
| Supplemental \$10 payment   | \$10.00      | \$ 2.50        | \$ 3.75      | \$ 3.75       |

In other words, the Federal Government shares in one-half of that part of the Supplemental payment necessary to bring the total payment to the individual to \$45.

Aid Affidavit, Form Bl 800, Revised October 1, 1946, will be used after October 1, 1946. This form is substantially the same as the present form. Changes have been made to clarify the relationship between this form and the recapitulation sheets.

Column B represents the combined amounts from the Recapitulation Sheets for supplemental payments.

The example of the Aid Affidavit in this bulletin does not contain a section on the back of the form for the computation of the county's share. The forms prepared for use by the county will contain this section.



FROM X X X COUNTY  
FOR AID TO THE BLIND PERSONSMONTH OF NOVEMBER, 1946 FISCAL YEAR  
(STATE USE ONLY)

| AMOUNT DUE FROM FEDERAL FUNDS FOR AID  | CURRENT MONTH<br>COLUMN A | PRIOR MONTHS<br>COLUMN B |
|--|---------------------------|--------------------------|
| 1. TOTAL AID PAID (ITEM E, COL. 1, FORM BL 802)<br>NUMBER OF BLIND PERSONS: CURRENT MONTH <u>11</u> ; PRIOR MONTHS <u>1</u> ...  | \$ <u>498.00</u>          | \$ <u>160.00</u>         |
| 2. AMOUNT PAID TO BLIND PERSONS INELIGIBLE FOR FEDERAL AID<br>(TOTAL ITEMS A & B, COL. 1, FORM BL 802)<br>NUMBER OF PERSONS: CURRENT MONTH <u>4</u> ; PRIOR MONTHS <u>1</u> .... | \$ <u>167.67</u>          | \$ <u>125.00</u>         |
| 3. TOTAL AID IN EXCESS OF \$45 PAID TO BLIND PERSONS ELIGIBLE<br>FOR FEDERAL AID (ITEM E, COL. 2, FORM BL 802).....  | \$ <u>53.33</u>           | \$ <u>32.50</u>          |
| 4. TOTAL OF ITEMS 2 AND 3.....   | \$ <u>221.00</u>          | \$ <u>157.50</u>         |
| 5. BASIS FOR FEDERAL PARTICIPATION (ITEM 1 MINUS ITEM 4).....  | \$ <u>277.00</u>          | \$ <u>2.50</u>           |
| 6. AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM E, COL. 3, FORM BL 802).  | \$ <u>156.00</u>          | \$ <u>1.25</u>           |
| 7. FEDERAL SHARE OF ADJUSTMENTS (TOTAL COL. 7, FORM BL 803)..  | \$ <u>26.25</u>           |                          |
| 8. FEDERAL SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS<br>(TOTAL COL. 9, FORM BL 804).....  | \$ <u>20.00</u>           |                          |
| 9. FEDERAL SHARE OF COLLECTIONS (TOTAL COL. 7, FORM BL 805,<br>FORMERLY BL 21).....  | \$ <u>5.00</u>            |                          |
| 10. TOTAL OF ITEMS 7, 8, AND 9.....  | \$ <u>51.25</u>           |                          |
| 11. NET AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 6 MINUS ITEM 10)....   | \$ <u>104.75</u>          |                          |
| 12. TOTAL AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 11, COL. A, PLUS ITEM 6,<br>COL. B).....   |                           | \$ <u>106.00</u>         |

| AMOUNT DUE FROM STATE FUNDS FOR AID   |                  |                  |
|---|------------------|------------------|
| 13. AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM E, COL. 4, FORM BL 802)...                      | \$ <u>227.25</u> | \$ <u>79.38</u>  |
| 14. STATE SHARE OF ADJUSTMENTS (TOTAL COL. 8, FORM BL 803)....                                | \$ <u>29.38</u>  |                  |
| 15. STATE SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS<br>(TOTAL COL. 10, FORM BL 804).....   | \$ <u>43.75</u>  |                  |
| 16. STATE SHARE OF COLLECTIONS (TOTAL COL. 8, FORM BL 805,<br>FORMERLY BL 21).....            | \$ <u>2.50</u>   |                  |
| 17. TOTAL OF ITEMS 14, 15, AND 16.....  | \$ <u>75.63</u>  |                  |
| 18. NET AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 13 MINUS ITEM 17)....                       | \$ <u>151.62</u> |                  |
| 19. TOTAL AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 18, COL. A, PLUS ITEM 13,<br>COL. B)..... |                  | \$ <u>231.00</u> |

| AMOUNTS FOR REPORTING PURPOSES ONLY   | APPROVAL STAMP   |
|---|------------------|
| 20. TOTAL ADJUSTMENTS (TOTAL COL. 5, FORM BL 803).....                        | \$ <u>85.00</u>  |
| 21. TOTAL CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 7, FORM BL 804).... | \$ <u>107.50</u> |
| 22. TOTAL COLLECTIONS (TOTAL COL. 5, FORM BL 805, FORMERLY BL 21).....        | \$ <u>10.00</u>  |

STATE OF CALIFORNIA, COUNTY OF SS. 1,  
BEING DULY SWORN, DEPOSE AND SAY: THAT I AM THE COUNTY OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF AID TO THE  
BLIND IN AND FOR THE SAID COUNTY; THAT ALL PROVISIONS OF CHAPTERS 1 AND 3 OF PART I OF DIVISION V OF THE WELFARE  
AND INSTITUTIONS CODE, AND AMENDMENTS THERETO, AND TITLE X OF THE SOCIAL SECURITY ACT, AND AMENDMENTS THERETO,  
HAVE BEEN COMPLIED WITH TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_, 19\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

TITLE \_\_\_\_\_

APPROVED \_\_\_\_\_

CHAIRMAN, BOARD OF SUPERVISORS

I HEREBY CERTIFY, THAT WARRANTS COVERING ALL AMOUNTS DUE UNDER THE LAWS HAVE BEEN ISSUED AND CHARGED TO  
FUNDS FOR AID IN ACCORDANCE WITH THE BLIND LAWS, CHAPTERS 1 AND 3 OF PART I OF DIVISION V OF THE WELFARE AND  
INSTITUTIONS CODE, AND AMENDMENTS THERETO.

SIGNATURE OF COUNTY AUDITOR





FROM XXX COUNTY

FOR AID TO THE BLIND  
MONTH OF NOVEMBER, 19 46

(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1946)

|  | COLUMN 1  | COLUMN 2   | COLUMN 3      | COLUMN 4     | COLUMN 5     |
|--|---|--|---------------|--------------|--------------|
|  | TOTAL AID PAID<br>UNDER THE BLIND<br>LAWS<br>(TOTAL COL. 3,<br>FORM BL 801) | AMOUNT IN EXCESS<br>OF \$45.00 IN<br>FEDERAL CASES<br>(TOTAL COL. 4,<br>FORM BL 801) | FEDERAL SHARE | STATE SHARE  | COUNTY SHARE |
| A) TOTAL NONFEDERAL<br>CASES, COL. 1<br>STATE SHARE, COL. 4<br>(1/2 OF TOTAL)<br>COUNTY SHARE, COL. 5<br>(1/2 OF TOTAL)  | \$ 107.67   |  |               | \$ 53.83     | \$ 53.84     |
| B) TOTAL NONFEDERAL -<br>NONCOUNTY CASES, COL. 1<br>STATE SHARE, COL. 4<br>(SAME AS COL. 1)  | \$ 60.00  |  |               | \$ 60.00     |              |
| C) NONCOUNTY CASES<br>TOTAL, COL. 1<br>EXCESS COL. 2<br>FEDERAL SHARE, COL. 3<br>STATE SHARE, COL. 4<br>(SEE WORKSHEET BELOW<br>FOR COMPUTATIONS)                        | \$ 100.00   | \$ 15.00   | \$ 47.50      | \$ 52.50     |              |
| D) REGULAR CASES<br>TOTAL, COL. 1<br>EXCESS, COL. 2<br>FEDERAL SHARE, COL. 3<br>STATE SHARE, COL. 4<br>COUNTY SHARE, COL. 5<br>(SEE WORKSHEET BELOW<br>FOR COMPUTATIONS) | \$ 230.33   | \$ 38.33   | \$ 108.50     | \$ 60.92     | \$ 60.91     |
| E) GRAND TOTALS<br>(AMOUNTS TO BE CARRIED<br>FORWARD TO AFFIDAVIT,<br>FORM BL 800, AS NOTED)   | \$ 498.00   | \$ 53.33   | \$ 156.00     | \$ 227.25    | \$ 114.75    |
|  | (TO ITEM 1)   | (TO ITEM 3)  | (TO ITEM 6)   | (TO ITEM 13) | (TO ITEM 23) |

## WORKSHEET FOR COMPUTING FEDERAL, STATE, &amp; COUNTY SHARES ON NONCOUNTY AND REGULAR CASES

## I NONCOUNTY CASES (ITEM C ABOVE)

## FEDERAL SHARE

TOTAL NONCOUNTY CASES (ITEM C, COL. 1).....\$ 100.00

LESS: EXCESS ON NONCOUNTY CASES (ITEM C, COL. 2)....\$ 15.00

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$ 85.00

LESS:  $\frac{2}{3}$  BASIS FOR FEDERAL PARTICIPATION  
(2 NONCOUNTY CASES ELIGIBLE FOR  
NUMBER

FEDERAL PARTICIPATION X \$15).....\$ 30.00

FEDERAL SHARE IS  $\frac{2}{3}$  OR \$ 20.00BALANCE IS  $\frac{1}{2}$  BASIS FOR FEDERAL PARTICIPATION.....\$ 55.00" " "  $\frac{1}{2}$  " \$ 27.50

TOTAL FEDERAL SHARE NONCOUNTY CASES.....\$ 47.50

(ITEM C, COL. 3,  
ABOVE)

## STATE SHARE

TOTAL NONCOUNTY CASES.....\$ 100.00

LESS: FEDERAL SHARE.....\$ 47.50

EQUALS: STATE SHARE .....\$ 52.50

(ITEM C, COL. 4, ABOVE)

## II REGULAR CASES (ITEM D ABOVE)

## FEDERAL SHARE

TOTAL REGULAR CASES (ITEM D, COL. 1).....\$ 230.33

LESS: EXCESS ON REGULAR CASES (ITEM D, COL. 2).....\$ 38.33

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$ 192.00

LESS:  $\frac{2}{3}$  BASIS FOR FEDERAL PARTICIPATION  
(5 REGULAR CASES ELIGIBLE FOR FEDERAL  
NUMBER

PARTICIPATION X \$15).....\$ 75.00

FEDERAL SHARE IS  $\frac{2}{3}$  OR \$ 50.00BALANCE IS  $\frac{1}{2}$  BASIS FOR FEDERAL PARTICIPATION.....\$ 117.00" " "  $\frac{1}{2}$  " \$ 58.50

TOTAL FEDERAL SHARE REGULAR CASES.....\$ 108.50

(ITEM D, COL. 3,  
ABOVE)

## STATE SHARE

TOTAL REGULAR CASES.....\$ 230.33

LESS: FEDERAL SHARE.....\$ 108.50

EQUALS: BASIS FOR STATE AND COUNTY PARTICIPATION....\$ 121.83

STATE SHARE IS  $\frac{1}{2}$  OR \$ 60.92  
(ITEM D, COL. 4,  
ABOVE)COUNTY SHARE IS  $\frac{1}{2}$  OR \$ 60.91  
(ITEM D, COL. 5,  
ABOVE)



## RECAPITULATION SHEET

FORWARD TWO COPIES TO  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIAFROM XXX COUNTY  
FOR AID TO THE BLIND

SUPPLEMENT FOR PRIOR MONTHS

MONTH OF NOVEMBER, 1946

(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1946)

|  | COLUMN 1<br>TOTAL AID PAID<br>UNDER THE BLIND<br>LAWS<br>(TOTAL COL. 3<br>FORM BL 801) | COLUMN 2<br>AMOUNT IN EXCESS<br>OF \$45.00 IN<br>FEDERAL CASES<br>(TOTAL COL. 4<br>FORM BL 801) | COLUMN 3<br>FEDERAL SHARE | COLUMN 4<br>STATE SHARE | COLUMN 5<br>COUNTY SHARE |
|--|--|---|---------------------------|-------------------------|--------------------------|
| A) TOTAL NONFEDERAL<br>CASES, COL. 1<br>STATE SHARE, COL. 4<br>(1/2 OF TOTAL)<br>COUNTY SHARE, COL. 5<br>(1/2 OF TOTAL)  | \$ 60.00   |   |                           | \$ 30.00                | \$ 30.00                 |
| B) TOTAL NONFEDERAL -<br>NONCOUNTY CASES, COL. 1<br>STATE SHARE, COL. 4<br>(SAME AS COL. 1)  | \$ —   |   |                           | \$ —                    |                          |
| C) NONCOUNTY CASES<br>TOTAL, COL. 1<br>EXCESS, COL. 2<br>FEDERAL SHARE, COL. 3<br>STATE SHARE, COL. 4<br>(SEE WORKSHEET BELOW FOR<br>COMPUTATIONS)                       | \$ —   | \$ —  | \$ —                      | \$ —                    |                          |
| D) REGULAR CASES<br>TOTAL, COL. 1<br>EXCESS, COL. 2<br>FEDERAL SHARE, COL. 3<br>STATE SHARE, COL. 4<br>COUNTY SHARE, COL. 5<br>(SEE WORKSHEET BELOW FOR<br>COMPUTATIONS) | \$ 10.00   | \$ 10.00  | \$ —                      | \$ 5.00                 | \$ 5.00                  |
| E) GRAND TOTALS<br>(AMOUNTS TO BE CARRIED<br>FORWARD TO AFFIDAVIT<br>FORM BL 800, AS NOTED)  | \$ 70.00   | \$ 10.00  | \$ —                      | \$ 35.00                | \$ 35.00                 |
|  | (TO ITEM 1)  | (TO ITEM 3)   | (TO ITEM 6)               | (TO ITEM 13)            | (TO ITEM 23)             |

## WORKSHEET FOR COMPUTING FEDERAL, STATE AND COUNTY SHARES ON NONCOUNTY AND REGULAR CASES

## I NONCOUNTY CASES (ITEM C ABOVE)

## FEDERAL SHARE

TOTAL NONCOUNTY CASES (ITEM C, COL. 1)..... \$ —

LESS: EXCESS ON NONCOUNTY CASES (ITEM C, COL. 2)... \$ —

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION..... \$ —

LESS: 2/3 BASIS FOR FEDERAL PARTICIPATION

(NONCOUNTY CASES ELIGIBLE FOR  
(NUMBER) FEDERAL PARTICIPATION X \$15)..... \$ —

FEDERAL SHARE IS 2/3 OR \$ —

BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION..... \$ —

FEDERAL SHARE IS 1/2 OR \$ —

TOTAL FEDERAL SHARE NONCOUNTY CASES..... \$ —  
(ITEM C, COL. 3,  
ABOVE)

## STATE SHARE

TOTAL NONCOUNTY CASES..... \$ —

LESS: FEDERAL SHARE..... \$ —

EQUALS: STATE SHARE..... \$ —

(ITEM C, COL. 4, ABOVE)

## II REGULAR CASES (ITEM D ABOVE)

## FEDERAL SHARE

TOTAL REGULAR CASES (ITEM D, COL. 1)..... \$ 10.00

LESS: EXCESS ON REGULAR CASES (ITEM D, COL. 2)..... \$ 10.00

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION..... \$ —

LESS: 2/3 BASIS FOR FEDERAL PARTICIPATION

(REGULAR CASES ELIGIBLE FOR FEDERAL  
(NUMBER) PARTICIPATION X \$15)..... \$ —

FEDERAL SHARE IS 2/3 OR \$ —

BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION..... \$ —

FEDERAL SHARE IS 1/2 OR \$ —

TOTAL FEDERAL SHARE REGULAR CASES..... \$ —  
(ITEM D, COL. 3,  
ABOVE)

## STATE SHARE

TOTAL REGULAR CASES..... \$ 10.00

LESS: FEDERAL SHARE..... \$ —

EQUALS: BASIS FOR STATE AND COUNTY PARTICIPATION... \$ 10.00

STATE SHARE IS 1/2 OR \$ 5.00  
(ITEM D, COL. 4,  
ABOVE)COUNTY SHARE IS 1/2 OR \$ 5.00  
(ITEM D, COL. 5,  
ABOVE)



## RECAPITULATION SHEET

From XXX County

## FOR AID TO THE BLIND

For month of NOVEMBER, 1946  
(INCLUDE ONLY AID COVERING MONTHS BEFORE OCTOBER 1, 1946)SUPPLEMENT FOR PRIOR  
MONTHS

|  | COLUMN 1<br>Total Aid<br>Paid Under<br>the Blind<br>Laws<br>(TOTAL COL. 4,<br>FORM BL 801) | COLUMN 2<br>Amount in<br>Excess of<br>\$40.00 in<br>Federal<br>Cases<br>(TOTAL COL. 5,<br>FORM BL 801) | COLUMN 3<br>Federal<br>Share   | COLUMN 4<br>State<br>Share  | COLUMN 5<br>County<br>Share                    |
|--|--|--|--|---|--|
| A) TOTAL AND EXCESS AID<br>(non-federal, non-<br>county, non-county<br>non-federal, and<br>regular cases)<br>SHOW IN COLS. 1 & 2   | \$ 90.00   | \$ 22.50   |  |   |  |
| B) LESS: TOTAL OF NON-<br>FEDERAL CASES<br><br>SHOW IN COL. 1<br>(STATE SHARE IS $\frac{1}{2}$ OF<br>TOTAL, SHOW IN COL. 4;<br>COUNTY SHARE IS $\frac{1}{2}$ OF TOTAL,<br>SHOW IN COL. 5)  | \$ 65.00   |  |  | \$ 32.50  | \$ 32.50                                       |
| C) LESS: TOTAL OF NON-<br>COUNTY NON-FEDERAL<br>CASES<br><br>SHOW IN COLS. 1 & 4   | --   |  |  |   |  |
| D) TOTAL OF FEDERAL<br>CASES<br><br>(ITEM A MINUS ITEMS B & C<br>COL. 1)   | \$ 25.00   |  |  |   |  |
| E) LESS: TOTAL AND EXCESS<br>OF NON-COUNTY CASES<br><br>SHOW IN COLS. 1 & 2<br>(FEDERAL SHARE IS TOTAL<br>LESS EXCESS DIVIDED BY 2,<br>SHOW IN COL. 3; STATE<br>SHARE IS TOTAL LESS FEDERAL<br>SHOW IN COL. 4)   | --   |  |  |   |  |
| F) TOTAL AND EXCESS OF<br>REGULAR CASES<br><br>ITEM D MINUS ITEM E, COL. 1<br>ITEM A MINUS ITEM E, COL. 2<br>(FEDERAL SHARE IS TOTAL LESS<br>EXCESS DIVIDED BY 2, SHOW<br>IN COL. 3; STATE SHARE IS<br>TOTAL LESS FEDERAL DIVIDED<br>BY 2, SHOW IN COL. 4; COUNTY<br>SHARE IS TOTAL LESS<br>FEDERAL DIVIDED BY 2,<br>SHOW IN COL. 5) | \$ 25.00   | \$ 22.50   | \$ 1.25  | \$ 11.88  | \$ 11.87                                       |
| G) GRAND TOTALS  | \$ 90.00   | \$ 22.50   | \$ 1.25  | \$ 44.38  | \$ 44.37                                       |
|  | SAME AS ITEM A<br>(AMOUNT CARRIED<br>FORWARD TO ITEM<br>1 ON AFFIDAVIT,<br>FORM BL 800)    | SAME AS ITEM A<br>(AMOUNT CARRIED<br>FORWARD TO ITEM<br>3 ON AFFIDAVIT,<br>FORM BL 800)                | ITEM E PLUS<br>ITEM F. THIS<br>TOTAL IS THE<br>SAME AS TOTAL<br>OF ITEM D, COL.<br>1 LESS EXCESS<br>ITEM A, COLUMN<br>2, DIVIDED BY<br>TWO. (AMOUNT<br>CARRIED FORWARD<br>TO ITEM 6 ON<br>AFFIDAVIT,<br>FORM BL 800) | ITEM B PLUS<br>ITEMS C, E,<br>AND F. (AMOUNT<br>CARRIED FOR-<br>WARD TO ITEM<br>13 ON AFFIDAVIT,<br>FORM BL 800.) | ITEM B PLUS<br>ITEM F.<br>(COUNTY USE<br>ONLY) |



CLAIM FOR FEDERAL AND STATE AID TO THE BLIND

PAID BY XXX COUNTY

MONTH OF NOVEMBER, 19 46

WARRANTS DATED

NOVEMBER 1, 1946

(INDICATE NONCOUNTY CASES BY(\*), NONFEDERAL CASES BY(\*\*), AND NONCOUNTY-NONFEDERAL CASES BY(\*\*\*) IN COLUMN 3)

| 1         |        | 2               | 3  | 4   | 5   | 6   | 7                             | 8                 |
|-----------|--------|-----------------|--|---|---|---|-------------------------------|-------------------|
| NAME      |        | STATE<br>NUMBER | TOTAL AID<br>PAID UNDER<br>THE BLIND<br>LAWS (NOT<br>TO EXCEED<br>\$60 PER<br>MONTH) | AMOUNT<br>IN EXCESS<br>OF \$45 ON<br>FEDERAL<br>CASES | FEDERAL<br>SHARE<br>NONCOUNTY<br>CASES<br>(COMPLETION OF COLUMNS<br>5 & 6 OPTIONAL) | STATE<br>SHARE<br>NONCOUNTY<br>AND NON-<br>FEDERAL<br>CASES | DO NOT WRITE IN<br>THIS SPACE | WARRANT<br>NUMBER |
| FAMILY    | GIVEN  |                 |  |   |   |   |                               |                   |
| JONES,    | THOMAS | 1               | 60.00  | 15.00   |   |   |                               | 100               |
| BROWN,    | HELEN  | 2               | 52.50  | 7.50  |   |   |                               | 101               |
| WHITE,    | JOHN   | 3               | *60.00   | 15.00   |   |   |                               | 102               |
| REDSTONE, | PETER  | 4               | 12.00  |   |   |   |                               | 103               |
| BRAMMER,  | LEON   | 5               | ***60.00   |   |   |   |                               | 104               |
| CRABBE,   | WM.    | 6               | *40.00   |   |   |   |                               | 105               |
| SMITH,    | HAROLD | 7               | **47.50  |   |   |   |                               | 106               |
| BLACK,    | EDWARD | 8               | 60.00  | 15.00   |   |   |                               | 107<br>11/17/46   |
| STONE,    | EDWIN  | 9               | **25.00  |   |   |   |                               | 108<br>11/17/46   |
| WHEELER,  | JAMES  | 10              | 45.83  | .83   |   |   |                               | 109<br>11/17/46   |
| CECIL,    | JOHN   | 11              | **35.17  |   |   |   |                               | 110<br>11/17/46   |

SUPPLEMENTS FOR MONTHS AFTER 10/1/46

SEE COL. 8

| 1<br>NAME |        | 2<br>STATE<br>NUMBER | 3<br>TOTAL AID<br>PAID UNDER<br>THE BLIND<br>LAWS (NOT<br>TO EXCEED<br>\$60 PER<br>MONTH) | 4<br>AMOUNT<br>IN EXCESS<br>OF \$45<br>ON FEDERAL<br>CASES | 5<br>FEDERAL<br>SHARE<br>NON-<br>COUNTY<br>CASES<br><br>(COMPLETION OF<br>COLS. 5 & 6 OPTIONAL) | 6<br>STATE<br>SHARE<br>NON-<br>COUNTY<br>AND<br>NON-<br>FEDERAL<br>CASES | 7<br>DO NOT WRITE IN<br>THIS SPACE | 8<br>WARRANT<br>NUMBER |
|-----------|--------|----------------------|---|--|---|--|------------------------------------|------------------------|
| FAMILY    | GIVEN  |                      |   |  |   |  |                                    |                        |
| JONES,    | THOMAS | 1                    | 10.00   | OCTOBER, 1946<br>10.00                                     |   |  |                                    | 108<br>11/17/46        |
| BLACK,    | EDWARD | 8                    | ** 6.00   |  |   |  |                                    | 107<br>11/17/46        |

INDIVIDUAL WARRANTS FOR EACH MONTH OR ONE WARRANT COVERING ALL MONTHS FOR EACH CASE  
MAY BE ISSUED, THE AMOUNT PAID FOR EACH MONTH TO BE REPORTED SEPARATELY.

INDIVIDUAL WARRANTS FOR EACH MONTH OR ONE WARRANT COVERING ALL MONTHS FOR EACH CASE MAY BE ISSUED, THE AMOUNT PAID FOR EACH MONTH TO BE REPORTED SEPARATELY.



FORWARD TWO COPIES TO THE  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO

## CLAIM FOR FEDERAL AND STATE AID TO THE BLIND

PAID BY XXX COUNTY, CALIFORNIAMONTH OF NOVEMBER, 19 46  
SUPPLEMENT FOR MONTHS PRIOR TO 10/1/46

WARRANTS DATED

SEE COL. 9

(INDICATE NONCOUNTY CASES BY (\*), NONFEDERAL CASES BY (\*\*) AND NONCOUNTY-NONFEDERAL CASES BY (\*\*\*) IN COLUMN 4)

| 1  | 2      | 3               | 4  | 5   | 6                                      | 7   | 8                             | 9                 |
|--|--------|-----------------|--|---|--|---|-------------------------------|-------------------|
| NAME   |        | STATE<br>NUMBER | TOTAL AID<br>PAID UNDER<br>THE BLIND<br>LAWS<br>(NOT TO<br>EXCEED \$60<br>PER MONTH) | AMOUNT<br>IN EXCESS<br>OF \$40<br>ON FEDERAL<br>CASES | FEDERAL<br>SHARE<br>NONCOUNTY<br>CASES | STATE<br>SHARE<br>NONCOUNTY<br>AND<br>NONFEDERAL<br>CASES | DO NOT WRITE IN THIS<br>SPACE | WARRANT<br>NUMBER |
| FAMILY   | GIVEN  |                 |  |   |  |   |                               |                   |
| BROWN,   | HELEN  | 2               | ** 5.00  | MAY, 1946   |  |   |                               | 101<br>11/1/46    |
| BROWN,   | HELEN  | 2               | 5.00   | JUNE, 1946  |  |   |                               | 101<br>11/1/46    |
| BROWN,   | HELEN  | 2               | 10.00  | JULY, 1946  |  |   |                               | 101<br>11/1/46    |
| BROWN, HELEN   | HELEN  | 2               | 10.00  | AUGUST, 1946  |  |   |                               | 101<br>11/1/46    |
| BLACK,   | EDWARD | 8               | **60.00  | SEPTEMBER, 1946                                       |  |   |                               | 107<br>11/17/46   |
| INDIVIDUAL WARRANTS FOR EACH MONTH OR ONE WARRANT COVERING ALL MONTHS FOR<br>EACH CASE MAY BE ISSUED, THE AMOUNT PAID FOR EACH MONTH TO BE REPORTED SEPARATELY |        |                 |  |   |  |   |                               |                   |

FORM BL 801—EFFECTIVE JANUARY 1, 1944

PAY ROLL AS PER COUNTY WARRANT REGISTER  
TO ACCOMPANY AFFIDAVIT FORM BL 800 FOR  
FEDERAL AND STATE GRANTS OF BLIND AID

PAGE No.

# D. ANC ASSISTANCE PAYROLL, RECAP SHEETS AND AFFIDAVI

Beginning October 1, 1946, the Federal Government will pay an amount, which shall be used exclusively as aid to dependent children, equal to the sum of the following proportions of the total amounts expended during such quarter as aid to dependent children under the State plan, not counting so much of such expenditure with respect to any dependent child eligible for Federal participation for any month as exceeds \$24, or if there is more than one dependent child in the same home, as exceeds \$24 with respect to one such dependent child and \$15 with respect to each of the other dependent children -

- (A) Two-thirds of such expenditures, not counting so much of any expenditure with respect to any month as exceeds the product of \$9 multiplied by the total number of dependent children with respect to whom aid to dependent children eligible for Federal participation is paid for such month, plus
- (B) One-half of the amount by which such expenditures exceed the maximum which may be counted under clause (A).

The following example shows the way of computing the Federal share. All children are eligible for Federal reimbursement in this example.

| Payee | Number of Children | Warrant | Basis for State Participation |         | Basis for Federal Participation |
|-------|--------------------|---------|-------------------------------|---------|---------------------------------|
|       |                    |         | Federal                       | Non-Fed |                                 |
| Jones | 3                  | \$150   | \$ 99                         | --      | \$ 54                           |
| Smith | 4                  | 100     | 100                           |         | 69                              |
| Doe   | 5                  | 60      | 60                            |         | 60                              |
| Brown | 5                  | 20      | 20                            |         | 20                              |
| Total | 17                 | \$330   | \$279                         |         | \$203                           |

1. The total expenditure, not counting amounts exceeding \$24 with respect to one such dependent child and \$15 with respect to each of the other dependent children, is \$203.

2. Two-thirds of such expenditures, not counting amounts exceeding the product of \$9 multiplied by the number of recipients

17 children at \$9 = \$153      2/3 of \$153 =      \$102

This is the part of the Federal share computed under clause (A), above.

3. One-half of the difference between \$203 and \$153 or      25

This is the part of the Federal share included under clause (B), above, for assistance only. The total Federal share, therefore, is      \$127

In computing the State and county shares, the net amount of Federal reimbursement is deducted from the total amounts under the Basis for State participation, and the remainder is divided between the State and the county in the usual way. The "Basis for State Participation" is computed by allowing \$36 for the first child and \$31.50 for each additional child instead of \$31.50 for the first child and \$28.50 for each additional child, as at present.



Samples of the forms with examples are included in this bulletin.

There is no change in the payroll for Federal and State aid to dependent children, Form CA 801.

The method of preparing Form CA 801 is exactly as at present except that payments for months prior to October, 1946, which are included on the assistance claim for October, 1946, or subsequent months, will be reported under the rules and regulations applicable prior to October, 1946; i.e., the Federal excess will be computed on the basis of \$18 for the first child instead of \$24 and \$12 with respect to each of the other dependent children rather than \$15. Comparable changes also appear in the State Basis, as indicated above.

Form CA 802, Recapitulation Sheet, has been revised to accommodate the new computations. For current monthly payments covering aid for October, 1946, and subsequent months Recapitulation Sheet, Form CA 802, Revised October, 1946, will be used. For supplemental payments applicable to October, 1946, and subsequent months, a separate Form CA 802, Revised October, 1946, will be used. This form is used in the examples.

For supplemental payments applicable to months prior to October, 1946, the unrevised Form CA 802, effective January 1, 1944, will be used.

The total Federal matching in individual cases for aid to dependent children is two-thirds of \$9 times the number of Federally eligible children in the case plus one-half the balance of total grant to the case after deducting the portion of payments in excess of Federal maximums (\$24 for the first child and \$15 for each additional child). This formula stated in its simplest terms is equivalent to one-half the total expenditures (after deducting amounts in excess of the Federal maximum) plus \$1.50 times the number of children.

Where a supplemental payment is made covering aid for October, 1946, and subsequent months, special care is needed in computing the Federal share. For example, a case receives \$20 in October, 1946, and in November receives a \$19.50 supplemental payment applicable to October. The principle of computation may be illustrated as follows for a one-child case eligible to Federal participation:

|                              | <u>Total</u>   | <u>Federal</u> | <u>State</u>   | <u>County</u>  |
|------------------------------|----------------|----------------|----------------|----------------|
| Total applicable to October  | \$39.50        | \$13.50        | \$15.00        | \$11.00        |
| First payment for October    | 20.00          | 11.50          | 5.67           | 2.83           |
| Supplemental \$19.50 payment | <u>\$19.50</u> | <u>\$ 2.00</u> | <u>\$ 9.33</u> | <u>\$ 8.17</u> |

In other words, the Federal Government shares in  $\frac{1}{2}$  of that part of the supplemental payment necessary to bring the total payment to the one child to \$24.

Aid Affidavit, Form CA 800, Revised October, 1946, will be used after October 1, 1946. This form is substantially the same as the present form. Changes have been made to clarify the relationship between this form and the Recapitulation Sheet.

Column B represents the combined amounts from the Recapitulation Sheets which include retroactive payments.

The example of the Aid Affidavit in this bulletin does not contain a section on the back of the form for the computation of the counties share. The forms prepared for use by the county will contain this section.





STATE OF CALIFORNIA

## AID AFFIDAVIT

FROM X X X X X COUNTY  
FOR NEEDY CHILDRENFORWARD TWO COPIES TO  
STATE DEPARTMENT OF SOCIAL  
WELFARE  
SACRAMENTO, CALIFORNIA

(EXCLUDING AID PAID UNDER SECTION 1556.5 OF THE WELFARE AND INSTITUTIONS CODE)

MONTH OF NOVEMBER, 1946 FISCAL YEAR

(STATE USE ONLY)

| AMOUNT DUE FROM FEDERAL FUNDS FOR AID  |    | CURRENT MONTH<br>COLUMN A | PRIOR MONTHS<br>COLUMN B |
|--|----|---------------------------|--------------------------|
| 1. TOTAL BASIS FOR STATE PARTICIPATION (ITEM B, FORM CA 802) NUMBER OF CHILDREN: CURRENT MONTH <u>39</u> ; PRIOR MONTHS <u>1</u> .....   | \$ | <u>831.05</u>             | \$ <u>121.00</u>         |
| 2. TOTAL FOR CHILDREN INELIGIBLE FOR FEDERAL AID (ITEM C, FORM CA 802) NUMBER OF CHILDREN: CURRENT MONTH <u>3</u> ; PRIOR MONTH <u>-</u> ...   | \$ | <u>34.50</u>              | \$ <u>15.00</u>          |
| 3. TOTAL FOR CHILDREN ELIGIBLE FOR FEDERAL AID (ITEM 1 MINUS ITEM 2) (ITEM D, FORM CA 802) NUMBER OF CHILDREN: CURRENT MONTH <u>36</u> ; PRIOR MONTH <u>1</u> .....                            | \$ | <u>796.55</u>             | \$ <u>106.00</u>         |
| 4. LESS: EXPENDITURES IN EXCESS OF \$24 FOR ONE ELIGIBLE CHILD AND \$15 FOR EACH ADDITIONAL ELIGIBLE CHILD IN SAME HOUSEHOLD GROUP (ITEM D MINUS ITEM P, COLUMNS 2A PLUS 2B, FORM CA 802)..... | \$ | <u>290.90</u>             | \$ <u>64.00</u>          |
| 5. BASIS FOR FEDERAL PARTICIPATION (ITEM 3 MINUS ITEM 4) (ITEM P, COLUMNS 2A PLUS 2B, FORM CA 802).....  | \$ | <u>505.65</u>             | \$ <u>42.00</u>          |
| 6. AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM P, COLUMN 3, FORM CA 802).....  | \$ | <u>306.83</u>             | \$ <u>22.50</u>          |
| 7. FEDERAL SHARE OF ADJUSTMENTS (TOTAL COLUMN 7, FORM CA 803).....   | \$ | <u>-</u>                  |                          |
| 8. FEDERAL SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COLUMN 9, FORM CA 804).....   | \$ | <u>-</u>                  |                          |
| 9. FEDERAL SHARE OF COLLECTIONS (TOTAL COLUMN 8 FORM CA 805; FORMERLY FORM CA 34-DFA).....   | \$ | <u>-</u>                  |                          |
| 10. TOTAL OF ITEMS 7, 8, AND 9.....  | \$ | <u>-</u>                  |                          |
| 11. NET AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 6 MINUS ITEM 10)   | \$ | <u>306.83</u>             |                          |
| 12. TOTAL AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 11, COL A PLUS ITEM 6, COL. B)   | \$ |                           | <u>329.33</u>            |

| AMOUNT DUE FROM STATE FUNDS FOR AID  |    |               |                 |
|--|----|---------------|-----------------|
| 13. AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM P, COLUMN 4, FORM CA 802).....               | \$ | <u>349.48</u> | \$ <u>80.67</u> |
| 14. STATE SHARE OF ADJUSTMENTS (TOTAL COLUMN 8, FORM CA 803).....                          | \$ | <u>-</u>      |                 |
| 15. STATE SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COLUMN 10, FORM CA 804)..... | \$ | <u>-</u>      |                 |
| 16. STATE SHARE OF COLLECTIONS (TOTAL COLUMN 9, FORM CA 805, FORMERLY FORM CA 34-DFA)..... | \$ | <u>-</u>      |                 |
| 17. TOTAL OF ITEMS 14, 15 AND 16.....  | \$ | <u>-</u>      |                 |
| 18. NET AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 13 MINUS ITEM 17)                        | \$ | <u>349.48</u> |                 |
| 19. TOTAL AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 18 COL. A PLUS ITEM 13, COL. B)        | \$ |               | <u>430.15</u>   |

| AMOUNTS FOR REPORTING PURPOSES ONLY   | CURRENT MONTH    | PRIOR MONTHS     | APPROVAL STAMP |
|---|------------------|------------------|----------------|
| 20. TOTAL AID PAID (ITEM A, FORM CA 802).....                                     | \$ <u>937.05</u> | \$ <u>121.00</u> |                |
| 21. TOTAL COUNTY SUPPLEMENTAL AID (ITEM 20 MINUS ITEM 1).....                     | \$ <u>106.00</u> | \$               |                |
| 22. TOTAL ADJUSTMENTS (TOTAL COLUMN 6, FORM CA 803)                               | \$ <u>-</u>      |                  |                |
| 23. TOTAL CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COLUMN 7, FORM CA 804).....  | \$ <u>-</u>      |                  |                |
| 24. TOTAL COLLECTIONS (TOTAL COLUMN 7, FORM CA 805, FORMERLY FORM CA 34-DFA)..... | \$ <u>-</u>      |                  |                |

STATE OF CALIFORNIA, COUNTY OF \_\_\_\_\_ ) SS 1,  
BEING DULY SWORN, DEPOSE AND SAY: THAT I AM THE COUNTY OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF AID TO  
NEEDY CHILDREN IN AND FOR THE SAID COUNTY; THAT ALL THE PROVISIONS OF CHAPTER 1 OF PART 2 OF DIVISION 11 OF THE  
WELFARE AND INSTITUTIONS CODE, AND AMENDMENTS THERETO, AND TITLE IV OF THE SOCIAL SECURITY ACT, AND AMENDMENTS  
THERETO, HAVE BEEN COMPLIED WITH TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_, 19\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

TITLE \_\_\_\_\_

APPROVED \_\_\_\_\_

CHAIRMAN, BOARD OF SUPERVISORS

I HEREBY CERTIFY THAT WARRANTS COVERING ALL AMOUNTS DUE UNDER THE LAW HAVE BEEN ISSUED AND CHARGED TO FUNDS  
FOR AID IN ACCORDANCE WITH THE NEEDY CHILDREN LAW, CHAPTER 1 OF PART 2 OF DIVISION 11 OF THE WELFARE AND  
INSTITUTIONS CODE AND AMENDMENTS THERETO.

SIGNATURE OF COUNTY AUDITOR \_\_\_\_\_

CREDIT VOUCHER CLAIM AID



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U.S. Census Bureau, Monthly Labor Review



## RECAPITULATION SHEET

FROM XXX COUNTY

FOR AID TO NEEDY CHILDREN

MONTH OF NOVEMBER, 19 46  
(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1946)

ITEM A. TOTAL AID PAID  
(TOTAL WARRANT COL. 4, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 20 ON AFFIDAVIT, FORM CA 800) \$ 937.05

ITEM B. TOTAL BASIS FOR STATE PARTICIPATION  
(TOTAL COLUMNS 5A AND 5B, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 1 ON AFFIDAVIT, FORM CA 800) \$ 831.05

ITEM C. TOTAL INELIGIBLE FOR FEDERAL PARTICIPATION  
(TOTAL COLUMN 5B, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 2 ON AFFIDAVIT, FORM CA 800) \$ 34.50

ITEM D. TOTAL ELIGIBLE FOR FEDERAL PARTICIPATION  
(TOTAL COLUMN 5A, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 3 ON AFFIDAVIT, FORM CA 800) \$ 796.55

## COMPUTATION OF FEDERAL, STATE AND COUNTY SHARES:

| CASES HAVING REQUIRED<br>COUNTY RESIDENCE  | COLUMN 1                         | COLUMN 2   |  | COLUMN 3   | COLUMN 4       | COLUMN 5        |
|--|----------------------------------|--|--|--|----------------|-----------------|
|  | BASIS FOR STATE<br>PARTICIPATION | BASIS FOR FEDERAL PARTICIPATION<br>(A)<br>2/3 BASIS<br>TOTAL NO. EL.<br>CHN. ON PAY-<br>ROLL <u>36</u><br>X \$9.00 | (B)<br>1/2 BASIS<br>COL. 6 ON PAY-<br>ROLL MINUS<br>ITEM E, COL. 2A<br>ON RECAP. SHEET | FEDERAL SHARE<br>2/3 COL. 2A PLUS<br>1/2 COL. 2B ON<br>RECAPITULATION<br>SHEET | STATE<br>SHARE | COUNTY<br>SHARE |
| ITEM<br>E) ELIGIBLE FOR FEDERAL<br>PARTICIPATION (TOTAL<br>COLUMN 5A, FORM CA 801)<br>TOTAL, COL. 1.<br>FEDERAL, COLS. 2 & 3   | \$ 796.55                        | \$ 324.00  | \$ 181.65  | \$ 306.83  |                |                 |
| F) INELIGIBLE FOR FEDERAL<br>PARTICIPATION (TOTAL<br>COLUMN 5B, FORM CA 801).  | \$ 34.50                         |  |  |  |                |                 |
| G) TOTAL ITEMS E AND F   | \$ 831.05                        |  |  |  |                |                 |
| H) LESS FEDERAL SHARE<br>(SAME AS ITEM E,<br>COLUMN 3)   | \$ 306.83                        |  |  |  |                |                 |
| I) BASIS FOR COMPUTING<br>STATE SHARE (ITEM G<br>LESS ITEM H)  | \$ 524.22                        |  |  |  |                |                 |
| J) STATE SHARE, COL. 4<br>(2/3 ITEM I)<br>COUNTY SHARE, COL. 5<br>(1/3 ITEM I)   |                                  |  |  |  | \$ 349.48      | \$ 174.74       |
| CASES NOT HAVING REQUIRED<br>COUNTY RESIDENCE  |                                  |  |  |  |                |                 |
| ITEM<br>K) ELIGIBLE FOR FEDERAL<br>PARTICIPATION (TOTAL<br>COLUMN 5A, FORM CA 801).<br>TOTAL, COL. 1.<br>FEDERAL, COLS. 2 & 3. | \$ —                             | \$ —   | \$ —   | \$ —   |                |                 |
| L) INELIGIBLE FOR FEDERAL<br>PARTICIPATION (TOTAL<br>COLUMN 5B, FORM CA 801).  | \$ —                             |  |  |  |                |                 |
| M) TOTAL ITEMS K AND L   | \$ —                             |  |  |  |                |                 |
| N) LESS FEDERAL SHARE<br>(SAME AS ITEM K,<br>COLUMN 3)   | \$ —                             |  |  |  |                |                 |
| O) STATE SHARE<br>(ITEM M LESS ITEM N)   |                                  |  |  |  | \$ —           |                 |
| P) GRAND TOTALS (AMOUNTS<br>TO BE CARRIED FORWARD<br>TO AFFIDAVIT, FORM<br>CA 800, AS NOTED).                                  |                                  | \$ 324.00  | \$ 181.65  | \$ 306.83  | \$ 349.48      | \$ 174.74       |
|  |                                  | 2A PLUS 2B TO ITEM 5   |  | TO ITEM 6  | TO ITEM 13     | TO ITEM<br>25   |



## RECAPITULATION SHEET

FROM XXXX COUNTY

FOR AID TO NEEDY CHILDREN

SUPPLEMENT FOR PRIOR MONTHS

MONTH OF NOVEMBER, 19 46(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1946)

ITEM A. TOTAL AID PAID  
(TOTAL WARRANT COL. 4, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 20 ON AFFIDAVIT, FORM CA 800) \$ 61.00

ITEM B. TOTAL BASIS FOR STATE PARTICIPATION  
(TOTAL COLUMNS 5A AND 5B, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 1 ON AFFIDAVIT, FORM CA 800) \$ 61.00

ITEM C. TOTAL INELIGIBLE FOR FEDERAL PARTICIPATION  
(TOTAL COLUMN 5B, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 2 ON AFFIDAVIT, FORM CA 800) \$ 15.00

ITEM D. TOTAL ELIGIBLE FOR FEDERAL PARTICIPATION  
(TOTAL COLUMN 5A, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 3 ON AFFIDAVIT, FORM CA 800) \$ 46.00

## COMPUTATION OF FEDERAL, STATE AND COUNTY SHARES:

| CASES HAVING REQUIRED<br>COUNTY RESIDENCE   | COLUMN 1                         | COLUMN 2  |  | COLUMN 3   | COLUMN 4       | COLUMN 5        |
|---|----------------------------------|---|--|--|----------------|-----------------|
|   | BASIS FOR STATE<br>PARTICIPATION | BASIS FOR FEDERAL PARTICIPATION<br>(A)<br>2/3 BASIS<br>TOTAL NO. EL.<br>CHN. ON PAY-<br>ROLL <u>1</u><br>x \$9.00 | (B)<br>1/2 BASIS<br>COL. 6 ON PAY-<br>ROLL MINUS<br>ITEM E, COL. 2A<br>ON RECAP. SHEET | FEDERAL SHARE<br>2/3 COL. 2A PLUS<br>1/2 COL. 2B ON<br>RECAPITULATION<br>SHEET | STATE<br>SHARE | COUNTY<br>SHARE |
| ITEM  |                                  |   |  |  |                |                 |
| E) ELIGIBLE FOR FEDERAL<br>PARTICIPATION (TOTAL<br>COLUMN 5A, FORM CA 801)<br>TOTAL, COL. 1<br>FEDERAL, COLS. 2 & 3   | \$ 36.00                         | \$ 9.00   | \$ 15.00   | \$ 13.50   |                |                 |
| F) INELIGIBLE FOR FEDERAL<br>PARTICIPATION (TOTAL<br>COLUMN 5B, FORM CA 801)  | \$ 15.00                         |   |  |  |                |                 |
| G) TOTAL ITEMS E AND F  | \$ 51.00                         |   |  |  |                |                 |
| H) LESS FEDERAL SHARE<br>(SAME AS ITEM E,<br>COLUMN 3)  | \$ 13.50                         |   |  |  |                |                 |
| I) BASIS FOR COMPUTING<br>STATE SHARE (ITEM G<br>LESS ITEM H)   | \$ 37.50                         |   |  |  |                |                 |
| J) STATE SHARE, COL. 4<br>(2/3 ITEM I)<br>COUNTY SHARE, COL. 5<br>(1/3 ITEM I)  |                                  |   |  |  | \$ 25.00       | \$ 12.50        |
| CASES NOT HAVING REQUIRED<br>COUNTY RESIDENCE   |                                  |   |  |  |                |                 |
| ITEM  |                                  |   |  |  |                |                 |
| K) ELIGIBLE FOR FEDERAL<br>PARTICIPATION (TOTAL<br>COLUMN 5A, FORM CA 801).<br>TOTAL, COL. 1<br>FEDERAL, COLS. 2 & 3. | \$ 10.00                         | \$ --   | \$ --  | \$ --  |                |                 |
| L) INELIGIBLE FOR FEDERAL<br>PARTICIPATION (TOTAL<br>COLUMN 5B, FORM CA 801).   | \$ --                            |   |  |  |                |                 |
| M) TOTAL ITEMS K AND L  | \$ 10.00                         |   |  |  |                |                 |
| N) LESS FEDERAL SHARE<br>(SAME AS ITEM K,<br>COLUMN 3)  | \$ --                            |   |  |  |                |                 |
| O) STATE SHARE<br>(ITEM M LESS ITEM N)  |                                  |   |  |  | \$ 10.00       |                 |
| P) GRAND TOTALS (AMOUNTS<br>TO BE CARRIED FORWARD<br>TO AFFIDAVIT, FORM<br>CA 800, AS NOTED).                         | \$                               | \$  | \$   | \$   | \$ 35.00       | \$ 12.50        |
|   |                                  | 2A PLUS 2B TO ITEM 5  |  | TO ITEM 6  | TO ITEM 13     | TO ITEM<br>25   |



## RECAPITULATION SHEET

FORWARD TWO COPIES TO  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIA

FROM \_\_\_\_\_ XXXX \_\_\_\_\_ COUNTY

FOR AID TO NEEDY CHILDREN

SUPPLEMENT FOR PRIOR MONTHS

FOR MONTH OF \_\_\_\_\_ NOVEMBER \_\_\_\_\_, 19<sup>46</sup>

(INCLUDE ONLY AID COVERING MONTHS BEFORE OCTOBER 1, 1946)

ITEM A. TOTAL AID PAID  
(TOTAL WARRANT COL. 4, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 22 ON AFFIDAVIT, FORM CA 800) \$ 60.00

ITEM B. TOTAL BASIS FOR STATE PARTICIPATION  
(TOTAL COLUMNS 5A AND 5B, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 1 ON AFFIDAVIT, FORM CA 800) \$ 60.00

ITEM C. TOTAL INELIGIBLE FOR FEDERAL PARTICIPATION  
(TOTAL COLUMN 5B, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 2 ON AFFIDAVIT, FORM CA 800) \$ —

ITEM D. TOTAL ELIGIBLE FOR FEDERAL PARTICIPATION  
(TOTAL COLUMN 5A, FORM CA 801)  
(TO BE CARRIED FORWARD TO ITEM 3 ON AFFIDAVIT, FORM CA 800) \$ 60.00

## COMPUTATION OF FEDERAL, STATE AND COUNTY SHARES:

|   | COLUMN 1<br>BASIS FOR STATE<br>PARTICIPATION | COLUMN 2<br>BASIS FOR FED-<br>ERAL PARTICIPA-<br>TION<br>(COL. 6 ON PAY<br>ROLL, FORM CA<br>801) | COLUMN 3<br>FEDERAL SHARE<br>( $\frac{1}{2}$ OF COL. 2<br>ON RECAPITULA-<br>TION SHEET<br>FORM CA 802) | COLUMN 4<br>STATE SHARE   | COLUMN 5<br>COUNTY<br>SHARE                |
|---|--|--|--|---|--|
| <u>CASES HAVING REQUIRED<br/>COUNTY RESIDENCE</u>   |  |  |  |   |  |
| ITEM<br>E) ELIGIBLE FOR FEDERAL PARTICIPATION<br>TOTAL OF THESE CASES IN COLUMN 5A<br>ON PAY ROLL, FORM CA 801, SHOW IN<br>COLUMN 1. (SHOW FEDERAL AMOUNTS<br>IN COLUMNS 2 AND 3) | \$ 20.00                                     | \$ 8.00  | \$ 4.00  |   |  |
| F) INELIGIBLE FOR FEDERAL PARTICIPATION<br>TOTAL OF THESE CASES IN COLUMN 5B<br>ON PAY ROLL, FORM CA 801.   | \$ —   |  |  |   |  |
| G) TOTAL ITEMS E AND F  | \$ 20.00                                     |  |  |   |  |
| H) LESS FEDERAL SHARE<br>(SAME AS ITEM E, COLUMN 3)   | \$ 4.00                                      |  |  |   |  |
| I) BASIS FOR COMPUTING STATE SHARE<br>(ITEM G LESS ITEM H)  | \$ 16.00                                     |  |  |   |  |
| J) STATE SHARE<br>( $\frac{2}{3}$ OF ITEM I<br>SHOW IN COL. 4)  |  |  |  | \$ 10.67  | \$ 5.33                                    |
| COUNTY SHARE<br>( $\frac{1}{3}$ OF ITEM I<br>SHOW IN COL. 5)  |  |  |  |   |  |
| <u>CASES NOT HAVING REQUIRED<br/>COUNTY RESIDENCE</u>   |  |  |  |   |  |
| ITEM<br>K) ELIGIBLE FOR FEDERAL PARTICIPATION<br>TOTAL OF THESE CASES IN COLUMN 5A<br>ON PAY ROLL, FORM CA 801, SHOW IN<br>COLUMN 1. (SHOW FEDERAL AMOUNTS IN<br>COLUMNS 2 AND 3) | \$ 40.00                                     | \$ 10.00   | \$ 5.00  |   |  |
| L) INELIGIBLE FOR FEDERAL PARTICIPATION<br>TOTAL OF THESE CASES IN COLUMN 5B<br>ON PAY ROLL, FORM CA 801.   | \$ —   |  |  |   |  |
| M) TOTAL ITEMS K AND L  | \$ 40.00                                     |  |  |   |  |
| N) LESS FEDERAL SHARE<br>(SAME AS ITEM K, COLUMN 3)   | \$ 5.00                                      |  |  |   |  |
| O) STATE SHARE<br>(ITEM M LESS ITEM N)  |  |  |  | \$ 35.00  |  |
| P) TOTALS   |  | \$ 18.00   | \$ 9.00  | \$ 45.67  | \$ 5.33                                    |
| FORM CA 802, EFFECTIVE JANUARY 1, 1944<br>RECAPITULATION SHEET<br>TO ACCOMPANY PAY ROLL (FORM CA 801) FOR<br>FEDERAL AND STATE GRANTS OF CHILDREN'S<br>AID                        |  | ITEM E PLUS<br>ITEM K. (AMOUNT<br>CARRIED FORWARD<br>TO ITEM 5 ON<br>AFFIDAVIT,<br>FORM CA 800.) | ITEM E PLUS<br>ITEM K. (AMOUNT<br>CARRIED FORWARD<br>TO ITEM 6 ON<br>AFFIDAVIT,<br>FORM CA 800.)       | ITEM J PLUS<br>ITEM O. (AMOUNT<br>CARRIED FORWARD<br>TO ITEM 14 ON<br>AFFIDAVIT,<br>FORM CA 800.) | SAME AS<br>ITEM J.<br>(COUNTY<br>USE ONLY) |



PAYROLL AS PER COUNTY WARRANT REGISTER TO ACCOMPANY AFFIDAVIT  
FORM CA 800 FOR FEDERAL AND STATE AID TO NEEDY CHILDREN

WARRANTS DATED \_\_\_\_\_  
(EXCEPT AS OTHERWISE SHOWN  
IN COLUMN 7)

CLAIM FOR FEDERAL AND STATE AID TO NEEDY CHILDREN

(EXCLUDING AID PAID UNDER SECTION 1556.5 OF THE WELFARE AND INSTITUTIONS CODE)

PAID BY \_\_\_\_\_ X X X X \_\_\_\_\_ COUNTY, CALIFORNIA

FOR THE MONTH OF NOVEMBER, 1946

(INDICATE NON-COUNTY CASES BY (\*) IN COLUMNS 5 AND 6)

| (1)<br>STATE<br>NUMBER | (2)<br>NAMES OF PAYEES<br><br>NAMES OF CHILDREN<br>FAMILY GIVEN | (3)<br>NO. OF<br>CHILDREN                   |    | (4)<br>WARRANT<br>AMOUNT | (5)<br>BASIS FOR STATE<br>PARTICIPATION |                            | (6)<br>BASIS<br>FOR<br>FEDERAL<br>PARTICI-<br>PATION | (7)<br>REMARKS | (8)<br>WARRANT<br>NUMBER |
|------------------------|---|---|----|--------------------------|---|----------------------------|--|----------------|--------------------------|
|                        |   |   |    |                          | (A)<br>EL. TO<br>FEDERAL                | (B)<br>INEL. TO<br>FEDERAL |  |                |                          |
| 1                      | JONES   | MARY<br>ALICE<br>JOHN<br>SUE<br>VIOLA       | 5  |                          | 20.00                                   | 20.00                      | 20.00  |                | 213                      |
| 2                      | SMITH   | DORIS<br>JACK<br>JOE                        | 3  |                          | 91.40                                   | 91.40                      | 54.00  |                | 214                      |
| 3                      | BROWN   | ALICE<br>JAMES                              | 2  |                          | 80.00                                   | 67.50                      | 39.00  |                | 215                      |
| 4                      | GONZALES  | JOSEPH                                      | 1  |                          | 50.00                                   | 36.00                      | 24.00  |                | 216                      |
| 5                      | FISHER  | NORA<br>EDWARD<br>LEONARD<br>RUTH           | 4  |                          | 15.00                                   | 15.00                      | 15.00  |                | 217                      |
| 6                      | ROSE  | FRANCES<br>ARTHUR<br>JAMES                  | 3  |                          | 30.65                                   | 30.65                      | 30.65  |                | 218                      |
| 7                      | KAUFMAN   | ROBERT<br>HENRY<br>RUTH<br>ROSE<br>ESTHER   | 5  |                          | 162.00                                  | 162.00                     | 84.00  |                | 219                      |
| 8                      | HAWARD  | PAUL<br>PAULINE                             | 2  |                          | 110.00                                  | 67.50                      | 39.00  |                | 220                      |
| 9                      | BLACK   | GEYEN<br>NADINE<br>GORDON<br>EDWARD<br>JACK | 5  |                          | 180.00                                  | 162.00                     | 84.00  |                | 221                      |
| 10                     | MARTINEZ  | TONY<br>JOE<br>JESUS                        | 2  | 1                        | 51.00                                   | 39.00                      | 12.00  | 39.00          | 222                      |
| 11                     | WHITE   | MARY<br>SUE<br>JOHN                         | 2  | 1                        | 38.00                                   | 38.00                      | 38.00  |                | 223                      |
| 12                     | DOE   | JANE<br>ALBERT<br>GEORGE                    | 2  | 1                        | 109.00                                  | 67.50                      | 22.50  | 39.00          | 224                      |
|                        |   |   | 36 | 3                        | 937.05                                  | 796.55                     | 34.50  | 505.65         |                          |

WARRANTS DATED NOVEMBER 1, 1946  
(EXCEPT AS OTHERWISE SHOWN IN  
COLUMN 7)

CLAIM FOR FEDERAL AND STATE AID TO NEEDY CHILDREN  
(EXCLUDING AID PAID UNDER SECTION 1556.5 OF THE WELFARE AND INSTITUTIONS CODE)

PAID BY XXX COUNTY  
FOR THE MONTH OF NOVEMBER, 19 46 SUPPLEMENT FOR PRIOR MONTHS

(INDICATE NONCOUNTY CASES BY (\*) IN COLUMNS 5 AND 6)

| (1)<br>STATE<br>NUMBER   | (2)<br>NAMES OF PAYEES<br>NAMES OF CHILDREN |  | (3)<br>NO. OF<br>CHILDREN |              | (4)<br>WARRANT<br>AMOUNT | (5)<br>BASIS FOR STATE<br>PARTICIPATION |                            | (6)<br>BASIS<br>FOR<br>FEDERAL<br>PARTICI-<br>PATION | (7)<br>REMARKS                   | (8)<br>WARRANT<br>NUMBER |
|--|---|--|---------------------------|--------------|--------------------------|---|----------------------------|--|----------------------------------|--------------------------|
|  | FAMILY                                      | GIVEN                                      | (A)<br>EL.                | (B)<br>INEL. |                          | (A)<br>EL. TO<br>FEDERAL                | (B)<br>INEL. TO<br>FEDERAL |  |                                  |                          |
|  |   |  |                           |              | OCTOBER, 1946            |   |                            |  |                                  |                          |
| 4  | IDA ALLEN                                   | ALLEN, HELEN<br>MABEL<br>SALLY<br>LAWRENCE |                           | 4            | 15.00                    |   |                            | 15.00  | (ORIGINALLY<br>PAID)<br>\$ 75.00 | 503                      |
| 2  | ALMA JONES                                  | JONES, JACK<br>MACK                        | 2                         |              | 12.00                    | *10.00                                  |                            |  | 57.50                            | 504                      |
| 1  | IDA SMITH                                   | SMITH, ARTHUR                              | 1                         |              | 36.00                    | 36.00                                   |                            | 24.00  | <del>0</del>                     | 505                      |
|  |   |  |                           |              | SEPTEMBER, 1946          |   |                            |  |                                  |                          |
| 4  | IDA ALLEN                                   | ALLEN, HELEN<br>MABEL<br>SALLY<br>LAWRENCE | 4                         |              | 10.00                    | 10.00                                   |                            | 4.00   | 50.00                            | 506                      |
| 3  | SAM ARNOLD                                  | ARNOLD, MABLE<br>IRENE                     | 2                         |              | 40.00                    | *40.00                                  |                            | *10.00   | 20.00                            | 507                      |
|  |   |  |                           |              | AUGUST, 1946             |   |                            |  |                                  |                          |
| 4  | IDA ALLEN                                   | ALLEN, HELEN<br>MABEL<br>SALLY<br>LAWRENCE | 4                         |              | 10.00                    | 10.00                                   |                            | 4.00   | 50.00                            | 508                      |
| EXPLANATORY NOTE: IN COLUMN 7 THERE HAS BEEN INCLUDED A STATEMENT OF THE AMOUNTS ORIGINALLY PAID SO AS TO MAKE POSSIBLE THE CHECKING OF ENTRIES IN COLUMNS 5A, 5B, 6, AND ON THE RECAPITULATION SHEET. |   |  |                           |              |                          |   |                            |  |                                  |                          |

TOTAL NUMBER OF CHILDREN ON THIS PAGE ELIGIBLE \_\_\_\_\_ INELIGIBLE \_\_\_\_\_



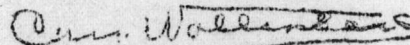
E. OAS, ANB, AND ANC ESTIMATED QUARTERLY EXPENDITURE STATEMENTS AND OAS  
ADMINISTRATIVE EXPENSE

Instructions for the preparation of quarterly estimates for the period beginning January 1, 1947 and OAS administrative claims for October, 1946, and subsequent months, will follow as soon as possible.

Under a motion passed by the State Social Welfare Board at its August, 1946, meeting, the State Department will retain sufficient of the Federal funds for OAS administration to meet its administrative costs, and the balance will be passed on to the counties. Under the terms of the motion, the amount passed on to the counties will not be less than 50% of such total amounts received from the Federal Government.

Accordingly, 37% of each county's estimated OAS administrative cost will be advanced monthly as soon as the Federal funds are received. It is expected that reimbursement to counties for OAS administration will be on the same basis, hence counties will claim reimbursement of OAS administrative costs beginning with October, 1946, on the basis of 37% of such actual administrative costs. Administrative expense affidavits are now being revised, and will be made available as soon as possible.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

MAIN OFFICE  
SACRAMENTO  
616 K STREET  
(14)

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET  
(13)

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET  
(3)

Carl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento 14  
October 1, 1946

### SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN  
1680 NORTH VINE STREET  
LOS ANGELES

MRS. BERNICE H. CHIPMAN  
1100 UNION STREET  
SAN FRANCISCO

JOHN C. CUNEO  
922 J STREET  
MODESTO

GERALD C. KEPPLER  
135 NORTH BRIGHT AVENUE  
WHITTIER

REV. THOMAS H. MARKHAM  
409 NATIVE SONS' BUILDING  
SACRAMENTO

JOHN T. MARTIN  
1170 SEVENTH AVENUE  
SAN DIEGO

MRS. JESSIE S. WILLIAMSON  
2816 OAK KNOLL TERRACE  
BERKELEY

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:

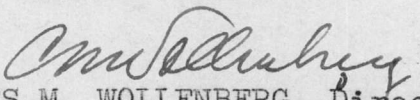
My dear Mr. Jordan:

Attached are three copies of the following regulations  
made by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 285 (WS)

These regulations are filed in accordance with Section 11381  
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,

  
CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

63:b5  
Attachments



Certified as a Regulation (or as  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

M. J. [Signature]  
(Signature)

Director  
(Title)

10/1/46  
(Date)

MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BLDG.  
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE  
DAVID HEWES BLDG.  
995 MARKET STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
September 12, 1946

291C 103, 113, 114, 115, 116  
120, 120.5  
**FILED**

In the office of the Secretary of State  
of the State of California

OCT 3 - 1946

FRANK M. JORDAN, Secretary of State

By Frank M. Jordan  
Assistant Secretary of State

DEPARTMENT BULLETIN NO. 285 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Fiscal Procedures Civilian  
War Assistance

ASSISTANCE

Effective July 1, 1946, expenditures for commitments made on and after July 1, 1946, will be reimbursed only from the Appropriation Act for Civilian War Assistance. The Presidential Allotment will be used to reimburse all expenditures for commitments made through June 30, 1946. The period for which the expenditure was made will be the guide for determining the appropriation from which reimbursement is to be claimed.

Expenditures for commitments made prior to July 1, 1946, will be reported on Forms WS-1 CW, War Services Assistance Affidavit - Civilian War, and WS-2 CW, War Services Assistance Claim - Civilian War, which you now have. Expenditures for commitments made on and after July 1, 1946, will be reported on revised affidavits and claim forms which soon will be supplied to your county.

All claims not submitted on the proper forms will have to be returned to the county for refiling against the appropriate source of funds.

ADMINISTRATION

Claims for reimbursement of Civilian War administrative expenditures for the month of July, 1946, and thereafter, will be made on Form WS-3, War Services Administrative Expense Affidavit, revised July, 1946.

Very sincerely yours,

Charles M. Wollenberg

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



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Certified as a Regulation (or as  
Regulation) of the

Dept of Social Welfare  
(Name of State Agency)

Ed. M. Lacy  
(Signature)

Director  
(Title)

10/4/46  
(Date)



MAIN OFFICE  
SACRAMENTO  
616 K STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR  
Sacramento  
October 4, 1946

FILED  
In the office of the Secretary of State  
of the State of California  
OCT 8 1946  
FRANK M. JORDAN, Secretary of State  
By *Charles M. Wollenberg*

1299

MANUAL LETTER NO. 96

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers canceled on the separators for the revised chapters. Revision numbers are listed for the chapters as follows:

|                        |                      |
|------------------------|----------------------|
| General Provisions     | Revision 38          |
| Amount of Grant        | Revision 46          |
| Statistical Procedures | Revisions 54 thru 58 |

These revisions were approved by the Social Welfare Board on September 26, 1946.

In addition, new separators have been issued for the following chapters:

Statistical Procedures  
Investigation and Decision  
Fair Hearing  
Continuing Services

The revised Sec. 102-70, Applications and Records Shall be Confidential, contains a minor change in procedure when a county welfare department receives a subpoena requiring that case records be produced in court.

The change in Sec. 158-10, Determination of Need and the Amount of Grant for Children in Family Groups, is an important one. It requires that revisions of the ANC Budget be put into effect immediately on new cases and as soon as possible on all continuing cases but not later than the first of the third month following receipt by the county.

Secs. 563-20, Item 11, Total Obligations Incurred (OAS, ANB, APSB), and 563-30, Item 11, Total Obligations Incurred (ANC), are instructions for the statistical Form 237 (Ag, Bl, CA) necessitated by the recent changes in the Social Security Act. The examples now shown on the forms in Sec. 569-99 are not in conformity with the new instructions. No changes in the forms will be made at present but manual pages for Sec. 565-99 containing corrected reproductions of the forms will follow later. The revised instructions are to be used for October reports, submitted on November 1, 1946.

All material in the following bulletins has now been incorporated in manual sections and the bulletins are now obsolete:

|              |             |
|--------------|-------------|
| Bulletin 272 | (ANC)       |
| "            | 272-A (ANC) |
| "            | 209 (ANC)   |
| "            | 274 (OAS)   |

UNITED STATES DEPARTMENT OF JUSTICE

Washington, D.C. 20535

January 1, 1964

Dear Sir:

Enclosed for you are two copies of a letterhead memorandum (LHM) dated and captioned as above.

Very truly yours,

John Edgar Hoover, Director

Enclosure

*[Handwritten signature]*

Re: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

[Illegible]

[Illegible]



102-70 (Continued)

102-70

In ANB and APSB, all papers and records pertaining to his case on file in the SDSW or in the county office shall be open to inspection at any time during business hours by the applicant or his attorney or agent.

County welfare departments may receive a subpoena or other order from a court requiring that given records be produced. Unless it is readily apparent that the court order was issued for a purpose directly connected with the administration of aid, the county shall, immediately upon receipt of such order telegraph or telephone such information to the nearest office of the SDSW. If necessary, the SDSW will then communicate further with the county to ascertain the purpose for which the records are required.

Should it appear that the court order requiring that given records be produced is for any purpose not directly connected with the administration of aid, the SDSW will immediately acquaint the Attorney General with all of the available facts in order that he may take appropriate action to safeguard the confidential nature of the categorical aid records mentioned in the court order.

In OAS see Sec. 102-73, Release of Information in Disputed Cases, for provisions regarding release of information in cases of dispute.

Any violation of the provisions set forth in Sec. 118 of the W&IC constitutes a misdemeanor. (W&IC 118, 1560, 2140, 3075, 3460, 3079)

#### 102-73 RELEASE OF INFORMATION IN DISPUTED CASES OAS

102-73

In case of dispute regarding OAS the application (Form Ag 200) and supporting documents pertaining to his case on file in the SDSW or in the county or elsewhere shall be open to inspection at any time during business hours by the applicant or recipient or by his attorney or agent upon proof of his designation as such attorney or agent. (W&IC 2014)

"Dispute" refers to any situation in which the applicant or recipient or his designated representative is in disagreement as to the grant of aid, as to reasons for denial of aid, as to the dates on the application or other documents, or any other facts relating to the application, grant or denial of aid.

"Supporting documents" refers to documents necessary to determine the grant or denial of such grant, and include the following:

1. Application (Form Ag 200) and Recipient's Affirmation of Eligibility (Form Ag 206).
2. Verification of age, residence, citizenship.
3. Verification of ownership of real or personal property, cash etc.
4. Verification of income.
5. Certificate of Eligibility (Form Ag 201) reporting the action of the board of supervisors on the application and Notices of Change (Form Ag 232) reporting increase, decrease, discontinuance, or restoration of an award. (W&IC 2140)

**102-70 APPLICATIONS AND RECORDS SHALL BE CONFIDENTIAL  
OAS, ANB, APSB, ANC****102-70**

No person shall publish or disclose or permit or cause to be published or disclosed any list of persons receiving public assistance.

Applications and records concerning any individual made or kept by any public office or agency shall be confidential and shall not be open to examination for any purpose not directly connected with the administration of the OAS, ANB, APSB or ANC laws. Upon request of the applicant, recipient or appellant, or the designated agent of such person, information shall be released.

The person requesting information as the authorized agent of the applicant, recipient or appellant shall have written authorization from such person for release of information from the record. The period of time for which an authorization is effective is dependent upon its wording. An authorization reading in part, "application and/or, aid and/or appeal" is good until revoked, while an authorization reading "relating to my appeal" refers only to the appeal, and automatically expires at the time of disposition of the appeal. The material to be released to the agent depends likewise upon the content of the authorization.

Information other than as above provided may be released:

1. When it is requested by a public or private social welfare or health agency which fulfills the following conditions:
  - a. The agency, as a part of its usual duties, makes social investigations for the purpose of rendering social service.
  - b. The agency maintains adequate standards for the protection of confidential information.
  - c. The agency will use the information only for the purposes for which it is made available, such purposes to be reasonably related to the purposes of the assistance program and the functioning of the inquiring agencies.
2. When the request is for research purposes provided that such research will not result in the disclosure of the identity of the applicant or recipient.
3. When it is requested by a selective service board provided there is assurance of reasonable precaution to protect the confidential nature of records by that board.

An authorization may be made to an individual, corporation or association. Such authorization shall be honored provided the person presenting it is identified, to the satisfaction of the county, as being the individual or a bona fide representative of the corporation or association.

When, in a verbal discussion, the applicant, recipient or appellant is present with the purported agent written permission authorizing release of information to the agent is not necessary.

(Section Continued on Next Page)



- c. Salary of housekeeper or caretaker, when necessary and desirable for the best interests of the child, and an additional amount for food when the housekeeper lives with the family.
- d. For the unemancipated employed minor, allowances for (1) meals away from home; (2) dental and medical care unless available without cost; (3) transportation; (4) clothing, and incidental expenses in addition to the amounts given in the basic budget schedule; (5) carrying out an educational or other plan which has the approval of the county worker; unless the county follows the method of deducting these items from minor's earnings in determining the net income to the family budget unit from this source. (SEE E 8, METHOD 2, THIS SECTION.)
- e. Telephone  
The cost of a telephone shall be allowed routinely when the family has one or the budget schedule shall include an allowance for telephone expense. When the use of pay telephones is necessary for the family's welfare, the cost of such telephone service may be included as a special need.
- f. Other special needs indicated in the individual case. (SEE D OF THIS SECTION.)

#### D. Relating Monthly Requirements to the Budget Schedule

The requirements of the family budget unit shall be estimated on a monthly basis.

In computing the budget for the family budget unit the county worker shall:

Explain to the applicant/recipient the composition of the budget schedule, its limitations and reason for such limitations.

Record the initial discussion and all subsequent discussions of the family's circumstances, including a statement of any special needs, how they were determined, and whether they will be included in the budget or met in some other way, or cannot be met under the plan.

#### E. Budgeting Rules and Policies

##### 1. Insurance

Premiums, if paid on insurance policies carried on the parent and/or a child or children under the age of 18 years, not in excess of a total of \$4 a month, shall be included in the budget for the family unit.

Exception: If premiums are in excess of \$4.00 and a downward adjustment of the policy and premium is pending, the excess amount may be included in the budget pending such adjustment.

(Section Continued on Next Page)

158-10 DETERMINATION OF NEED AND THE AMOUNT OF GRANT  
FOR CHILDREN IN FAMILY GROUPS  
ANC

Page 1 of 158-10

## I. RULINGS AND REGULATIONS GOVERNING FAMILY BUDGET CASES

A. Standard of Adequacy

Counties shall use as standard of economic adequacy for basic recurring needs, the current quantity cost ANC budget schedule or a comparable adequate schedule which is commensurate with current prices and which has the approval of the SDSW.

The ANC budget schedule is issued to each county at yearly intervals. The revisions shall be put into effect immediately thereafter in new actions and as soon as possible in all cases, but not later than the first of the third month following the date of receipt by the county. Thus, if a revised ANC budget is received by a county on March 21, the revised budget shall be made effective as soon as possible but not later than June 1st.

B. Family Budget Unit Definition

All individuals living in the home have an economic relationship to the family budget unit which is taken into consideration in arriving at the amount of the grant.

The family budget unit comprises all persons in the home whose needs are determined on the basis of the ANC budget standard. (SEE SEC. 158-07, INDIVIDUALS TO WHOM MANDATORY STANDARDS OF CARE ARE APPLICABLE.)

C. Total Requirements

Within the limitations of the law and controlling rulings, total requirements of the family budget unit and its individual members shall be taken into consideration in computing the budget for the family budget unit and need not be confined to the immediate requirements of the family but may include long-time needs for which the family has developed a plan.

Total requirements shall include:

1. Basic recurring needs as priced in the quantity cost schedule, food, clothing, and personal needs of each person in the family budget unit, and family allowances for housing, utilities, household operation, education and incidentals.
2. Requirements in addition to usual recurring need, when indicated in the individual case, that is:
  - a. Special diets on recommendation of a physician, clinic, or public health department.
  - b. Unusual repairs or replacements, or equipment. For instance, lumber for extensive repairs not included in normal items of upkeep; payment on needed furniture.

(Section Continued on Next Page)



562-20 (Continued)

562-20

## APSB

Item 7e. ANB Cases Placed Under APSB Program--Enter the number of cases transferred from ANB to APSB. Make the entry in the report for the month in which aid is first granted under the APSB program.

## ANB

Item 7f. APSB Cases Placed Under ANB Program--Enter the number of cases transferred from APSB to ANB. Make the entry in the report for the month in which aid is first granted under the ANB program.

## ANC

Item 7e. Children in Family Groups Placed in Boarding Homes and Institutions--Enter the number of children living in family groups and receiving ANC, who during the month were removed from such groups and placed (at a fixed monthly rate) in boarding homes or institutions not operated by relatives or legal guardians.

Item 7f. Children in Boarding Homes and Institutions Placed in Family Groups--Enter the number of children receiving ANC and living in boarding homes and institutions (not operated by relatives or legal guardians) who were removed to homes of relative or legal guardians. (W&IC 115, 116)

562-30 CASES APPROVED FOR ASSISTANCE  
OAS, ANB, APSB, ANC

562-30

Item 8. Total Cases During Month--Enter the sum of Items 6 and 7. This entry must also equal the sum of Items 8a and 8b.

Item 8a. Number of Cases on Approved Rolls For Whom Warrants Were Issued--Enter the number of cases on approved rolls for whom warrants were drawn during the month, excluding those which were canceled during the month. This figure should agree with the number of cases shown on affidavit forms submitted by the county with its claim for reimbursement, unless the claim has been corrected for cancellations after submission of the statistical report.

Item 8b. Number of Cases on Approved Rolls For Whom Warrants Were Not Issued--Enter the number of cases on approved rolls for whom warrants were not issued during the month. Include those cases for which warrants were written but canceled. (W&IC 115, 116)

562-20 ADDITION OF CASES  
OAS, ANB, APSB, ANC

562-20

## Item 7 Total Cases Added During This Month.

Report the total number of individuals whose applications have been approved by the board of supervisors during the month covered by the report. The total of the subdivisions of Item 7 must agree with Item 4a. Therefore, refer to the instructions under Item 4 for count of families to be reported under Item 7.

ANC

ANC cases (both families and children) should be reported under Items 7a, 7b, or 7c according to whether or not ANC has previously been received by the child/children under the particular subprogram (Family Group or Boarding Homes and Institutions). Transfers between subprograms should be reported in Items 7e and 7f.

OAS, ANB, ANC

Item 7a. New Cases--This Aid Never Previously Received in California--Enter the number of cases which heretofore have never received this type of assistance in California. Count as a new case one which previously was approved for this type of assistance by the county but which was never previously approved for reimbursement by the SDSW. (For reporting ANC see general instructions on ANC under Item 7.)

Item 7b. Cases Reinstated--This Aid Last Discontinued in Prior Fiscal Year--Enter the number of cases restored which last received this type of aid in California prior to the beginning of the fiscal year. (For reporting ANC see general instructions on ANC under Item 7.)

Item 7c. Cases Reinstated--This Aid Last Discontinued in This Fiscal Year--Enter the number of cases restored which last received this type of aid in California within the fiscal year. (For reporting ANC see general instructions on ANC under Item 7.)

Item 7d. Cases Transferred From Other Counties--Enter the number of cases formally approved by the board of supervisors during the current month for transfer from another county.

(Section Continued on Next Page)



562-50 ITEM 10. CASES CONTINUED TO NEXT MONTH  
OAS, ANB, APSB, ANC

562-50

Enter the difference between Item 9 and Item 8. This figure should be the same as the physical count of the approved case file as of the end of the month. (W&IC 115, 116)

563-00 OBLIGATIONS INCURRED FOR ASSISTANCE PAYMENTS  
OAS, ANB, APSB, ANC

563-00

Section C provides for reporting obligations incurred for assistance payments and the sources of funds for these obligations.

Obligations incurred for assistance payments shall be reported for the month for which these payments are authorized.

EXAMPLE: A CHECK ISSUED ON JANUARY 28, BUT INTENDED TO COVER THE NEEDS OF THE CASE FOR FEBRUARY SHALL BE INCLUDED IN THE REPORT FOR FEBRUARY.

Do not include retroactive payments to cover the needs of a month prior to that reported nor cancellations applying to prior months.

Do not include checks which are cancelled during the month for which they are issued. (W&IC 115, 116)

563-20 PART C. OBLIGATIONS INCURRED FOR ASSISTANCE PAYMENTS  
OAS, ANB, APSB

563-20

Enter the amount of total obligations to be shared by the Federal, state, and county governments. For the computation of these shares for each type of case see Sec. 627-10, Chart of Financial Participation in Grants of Aid. The type of cases are defined in Sec. 627-00, Definition of Types of Cases with Respect to Financial Participation by Federal, State, or County Government.

(Section Continued on Next Page)

562-40 ITEM 9. CASES DISCONTINUED DURING MONTH  
OAS, ANB, APSB, ANC

562-40

Enter the number of cases discontinued by action of the board of supervisors during the calendar month covered by the report. Include in this figure discontinuances of aid resulting from transfer of cases to other counties or to other public assistance programs. (Under the ANC program do not count a family as discontinued in Column II if any of the children in the case continue to receive aid.)

## ANB

Item 9a. Transferred to APSB from ANB--Enter all cases transferred from the ANB to the APSB program.

## APSB

Item 9b. Transferred to ANB from APSB--Enter all cases transferred from the APSB program to the ANB program.

## ANC

Item 9a. Transferred from Family Groups to Boarding Homes and Institutions--Enter in Column II the number of families, the children of which have been transferred from Family Groups to Boarding Homes and Institutions. Enter in Column III the number of children transferred from Family Groups to Boarding Homes and Institutions.

Item 9b. Transferred from Boarding Homes and Institutions to Family Groups--Enter in Column I the number of children transferred from Boarding Homes and Institutions to Family Groups.

## ANB, APSB, ANC

Item 9c. Other--Enter all discontinuances which are not included in 9a or 9b. (W&IC 115, 116)



563-30 (Continued)

563-30

Do not include obligations for medical or dental care, hospitalization, or burials, except payments for such services included in direct money payments which are not separable from payments for other needs. Obligations for medical or dental care, hospitalization, and burials are reported in Part D of Form GR 237. (SEE SEC. 564-50, REPORTING OF OTHER GENERAL RELIEF FROM COUNTY INDIGENT FUNDS.)

Enter in Column I obligations incurred for the benefit of children for whom aid is granted under the Boarding Homes and Institutions program.

Enter in Column II all obligations incurred for the benefit of Family Groups. Include payments for the specific benefit of the child/children for whom aid is granted and also payments for the benefit of any other member of the Family Budget Unit. Do not include aid paid for the benefit of any person in the household who is not a member of the Family Budget Unit; such aid is reported on Form GR 237.

Enter in Column III the sum of Columns I and II.

Item 11. Total Obligations Incurred--Enter the sum of Items 11A and 11B.

Item 11A. Total Basis for State Participation--Enter the total amount of obligations incurred for cash payments under each program, excluding county supplemental aid.

The entry in Item 11A, Column I, is comparable to the entry in Item 1, Column A, of the Aid Affidavit (Form CA 800-BHI). The amount reported in Column I for children in boarding homes and institutions should not exceed \$22.50 per child.

The entry in Item 11A, Column II, is comparable to the entry in Item 1, Column A, of the Aid Affidavit (Form CA 800, revised October, 1946). The amount reported in Column II for children under the Family Group Program should not exceed \$36 a month for one child in the Family Budget Unit eligible for Federal participation and \$31.50 for each additional child eligible for Federal participation. For children in the Family Budget Unit, not eligible for Federal participation, the amount should not exceed \$22.50 per child.

The breakdown by source of funds of the payments in which the state participates is given in Items 11A (1), (2), and (3).

(Section Continued on Next Page)

563-20 (Continued)

563-20

Do not include any payments in cash exceeding \$55 per month in OAS and \$60 per month in ANB or APSB, or any payments in kind. The excess, or supplemental, payments are considered GR and are to be reported in Part C on Form GR 237.

## OAS

Item 11, Total Obligations Incurred (Form Ag 237) is comparable to the entry in Item 1, Column A, of the Aid Affidavit (Form Ag 800).

Item 11A, Federal share (Form Ag 237) is comparable to the entry in Item 6, Column A, of the Aid Affidavit (Form Ag 800).

Item 11B, State share (Form Ag 237) is comparable to the entry in Item 13, Column A, of the Aid Affidavit (Form Ag 800).

Item 11C, County share (Form Ag 237) is equal to Item 11 minus the sum of the entries in Items 11A and 11B. (It is not comparable to any item in the Aid Affidavit.) The county share should not exceed one-sixth of the difference between Item 11 and Item 11A.

## ANB, APSB

The sum of the entries in Item 11 (Form B1 237) for ANB and APSB is comparable to the single entry in Item 1, Column A, of the Aid Affidavit (Form B1 800).

Item 11A, Federal share (Form B1 237) for the ANB program is comparable to the entry in Item 6, Column A, of the Aid Affidavit (Form B1 800).

The sum of the entries in Item 11B, State share (Form B1 237) for ANB and APSB is comparable to the entry in Item 13, Column A, of the Aid Affidavit (Form B1 800).

Item 11C, County share (Form B1 237) is equal to the entry in Item 11 minus the sum of the Federal and State shares (Items 11A and 11B). (It is not comparable to any item on the Aid Affidavit.) The county share may be equal to or less than the state share, but is never greater. (W41C 2140, 3091 AND 3460)

563-30 PART C. OBLIGATIONS INCURRED FOR ASSISTANCE PAYMENTS  
ANC

563-30

Section C of Form CA 237 provides for reporting obligations not only for the amount of ANC payments in which the state participates but also for any additional county aid (other than medical or dental care, hospitalization, or burial) given to ANC cases for support of the Family Budget Unit. It includes payments in kind as well as amounts by which cash payments exceed the Basis for State Participation. Counties paying cash supplemental aid in separate warrants should include this amount also.

(Section Continued on Next Page)



563-30 (Continued)

563-30

Item 11B (2) Kind--Enter the amount of obligations incurred for supplemental aid given in the form of groceries, clothing, fuel, rent, services, etc., to the person receiving the ANC payment for the eligible child or children, or for an other member of the ANC Family Budget Unit. These obligations shall include payments for the following items:

- (1) The value of orders on vendors for food, clothing, fuel, and other commodities.
- (2) The value of orders on landlords for shelter or on utility companies for gas, electricity and other utilities.
- (3) The purchase cost of commodities issued directly to cases.

When commodities are distributed through a commissary of the county welfare department, include the pro rata share of the cost of operating the commissary. This pro rata share shall be computed at the ratio that the purchase cost of commodities issued to ANC cases is to the purchase cost of all commodities issued from the commissary.

Example: In a county the total amount of commodities issued by the commissary for all types of aid was \$5,000, and the amount of commodities issued to ANC cases was \$1,000, the ANC share of these obligations is one-fifth of the total. The total administrative expenses of the commissary were \$500, therefore the amount of administrative expense to be entered on Form CA 237 is one-fifth of \$500, or \$100.

Do not include the total amount of obligations incurred for the purchase of plant and equipment for the commissary; the value of these items may be distributed over the life of such items and the appropriate pro rata share charged to each month.

These obligations shall not include payments for the following items:

- (1) Obligations incurred for medical care, hospitalization, and burial.  
(SEE SEC. 564-50, REPORTING OF OTHER GENERAL RELIEF FROM COUNTY INDIGENT FUNDS.)
- (2) Value of commodities produced on work projects and issued to cases.
- (3) Obligations incurred for non-relief labor, materials, equipment, and/or supplies for work relief programs.
- (4) Obligations incurred for items commonly referred to as administrative expense of the public assistance program. (W&IC 1561)

563-30 (Continued)

563-30

Items 11A (1), and 11A (2), and 11A (3) Federal, State, and County Shares--Enter the Federal, state, and county shares of the total amount on which state participation is based. For the computation of these shares for each type case see Sec. 627-10, Chart of Financial Participation in Grants of Aid. The types of cases are defined in Sec. 627-00, Definition of Types of Cases with Respect to Financial Participation by Federal, State, or County Government.

The Federal share in Column II (Item 11A (1), Form CA 237) is comparable to the entry in Item 6, Column A, of the Aid Affidavit (Form CA 800).

The state share in Column I (Item 11A (2), Form CA 237) is comparable to the entry in Item 2, Column A, of the Aid Affidavit (Form CA 800-BHI).

In column II the state share (Item 11A (2), Form CA 237) is comparable to the entry in Item 13, Column A, of the Aid Affidavit (Form CA 800).

The county share, Item 11A (3) equals Items 11A less Items 11A (1) and 11A (2). This entry should not exceed one-third of the difference between Items 11A and 11A (1). Do not include county supplemental aid in this item.

Item 11B. Total Supplemental County Aid--Enter the total amount of obligations incurred for ANC which exceed the maximum payments in which the state participates. Care should be exercised in computing the amount of county supplemental aid from items on the Aid Affidavits (Forms CA 800 and CA 800-BHI). Counties making payments in kind or which pay part of the aid for the ANC Budget Unit in separate warrants not included in the ANC claim cannot compute the county supplemental aid from the amounts reported on the Aid Affidavits.

Include in Column II obligations incurred for supplemental aid for the benefit not only of the child/children for whom ANC is granted but also for any other member of the Family Budget Unit. Do not include aid paid for the benefit of any person who is not a member of the Family Budget Unit; such aid is reported on Form GR 237.

Item 11B (1) Cash--Enter the amount of obligations incurred for supplemental aid paid by warrant or in cash directly to the person receiving the ANC payment for the eligible child/children, or for any other member of the ANC Family Budget Unit.

(Section Continued on Next Page)



**REVISION RECORD**

Revisions issued in changing this Chapter will be numbered in sequence. Changes made will be indicated by a vertical line in the margin of the corrected page, against the line or lines changed.

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| Case Movement (Part B of Forms Ag, BI, and CA 237)-----     | ANC, APSB, ANB, OAS | 562-00 |
| Item 6. Cases Actually Brought Forward from Last Month----- | ANC, APSB, ANB, OAS | 562-10 |
| Addition of Cases (Item 7)-----                             | ANC, APSB, ANB, OAS | 562-20 |
| Cases Approved for Assistance (Item 8)-----                 | ANC, APSB, ANB, OAS | 562-30 |
| Item 9. Cases Discontinued During Month-----                | ANC, APSB, ANB, OAS | 562-40 |
| Item 10. Cases Continued to Next Month-----                 | ANC, APSB, ANB, OAS | 562-50 |

## INSTRUCTIONS FOR COMPLETING PART C OF FORMS Ag, BI, AND CA 237

|  |                     |        |
|--|---------------------|--------|
| Obligations Incurred for Assistance Payments (Part C of Forms Ag, BI, and CA 237)----- | ANC, APSB, ANB, OAS | 563-00 |
| Item 11. Total Obligations Incurred (Ag and BI 237)-----                               | APSB, ANB, OAS      | 563-20 |
| Item 11. Total Obligations Incurred (CA 237)-----                                      | ANC                 | 563-30 |

## INSTRUCTIONS FOR COMPLETING PART D OF FORMS Ag AND BI 237

|  |          |        |
|--|----------|--------|
| Payments Claimed by County for Institutional Care of Former OAS and ANB Recipients (W&IC Secs. 2160.7 and 3044.1)----- | ANB, OAS | 563-42 |
| Item 12. Number of Cases-----  | ANB, OAS | 563-44 |
| Item 13. Total Amount Claimed from the State for This Month-----   | ANB, OAS | 563-46 |

## SPECIAL INSTRUCTIONS FOR REPORTING ON INSTITUTIONAL CARE CASES IN OAS AND ANB

|  |          |        |
|--|----------|--------|
| Special Instructions for Reporting Discontinuances and Restorations of OAS and ANB When Payment Is Claimed by the County for Institutional Care----- | ANB, OAS | 563-48 |
| Discontinuances from OAS and ANB Because of Institutional Care-----  | ANB, OAS | 563-52 |
| Restoration of Former OAS and ANB Recipients Upon Release from a County Hospital or Infirmary-----   | ANB, OAS | 563-54 |

## INSTRUCTIONS FOR COMPLETING FORM GR 237

|   |                         |        |
|---|-------------------------|--------|
| Scope of GR 237 Report-----   | GR                      | 564-05 |
| Completion of Each Item on GR 237-----  | GR                      | 564-15 |
| Definition of General Relief Reported on GR 237 Report-----                                       | GR                      | 564-22 |
| General Instructions for Type of Relief Reported in Parts A, B, C, and D on Form GR 237-----      | GR                      | 564-25 |
| Cases Approved for General Home Relief (Part A of Form GR 237)-----                               | GR                      | 564-30 |
| Obligations Incurred for General Home Relief (Part B of Form GR 237)-----                         | GR                      | 564-40 |
| Supplementation of Aid Grants Under Other Public Assistance Programs (Part C of Form GR 237)----- | GR                      | 564-45 |
| Reporting of Other General Relief from County Indigent Funds (Part D of Form GR 237)-----         | GR                      | 564-50 |
| Instructions for Preparation of Monthly Report on Reinvestigations (Form DPA-10)-----             | GR, ANC, APSB, ANB, OAS | 565-00 |
| Forms Used in Statistical Procedures-----   | GR, ANC, APSB, ANB, OAS | 569-99 |



Certified as a Regulation (or as  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

W. W. W. W. W.  
(Signature)

Director  
(Title)

10/28/46  
(Date)

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(3)

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento 14  
October 28, 1946

### SOCIAL WELFARE BOARD

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1680 NORTH VINE STREET  
LOS ANGELES

MRS. BERNICE H. CHIPMAN  
1100 UNION STREET  
SAN FRANCISCO

JOHN C. CUNEO  
922 J STREET  
MODESTO

GERALD C. KEPPEL  
135 NORTH BRIGHT AVENUE  
WHITTIER

REV. THOMAS H. MARKHAM  
409 NATIVE SONS' BUILDING  
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JOHN T. MARTIN  
1170 SEVENTH AVENUE  
SAN DIEGO

MRS. JESSIE S. WILLIAMSON  
2816 OAK KNOLL TERRACE  
BERKELEY

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:

My dear Mr. Jordan:

Attached are three copies of the following regulations made by the State Department of Social Welfare.

|   |           |           |
|---|-----------|-----------|
| DEPARTMENT BULLETIN NO. 287 (WS)                | Emergency |           |
| DEPARTMENT BULLETIN NO. 288 (Fiscal)            | Emergency |           |
| DEPARTMENT BULLETIN NO. 289 (WS)                | Emergency |           |
| DEPARTMENT BULLETIN NO. 290 (WS)                | Emergency |           |
| DEPARTMENT BULLETIN NO. 291 (OAS, ANB)          | Emergency |           |
| DEPARTMENT BULLETIN NO. 292 (Fiscal)            | Emergency |           |
| DEPARTMENT BULLETIN NO. 293 (Selective Service) | Emergency | Emergency |
| DEPARTMENT BULLETIN NO. 294 (WS)                | Emergency |           |

These regulations are filed in accordance with Section 11381 of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

63:b5  
Attachments



123, 123, 1617

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GOVERNOR

STATE OF CALIFORNIA

## DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento

September 27, 1946

410 103, 113, 114, 115, 116,  
120, 120.5

## DEPARTMENT BULLETIN NO. 287 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORSSubject: Medical Care  
Civilian War Assistance

Effective October 1, 1946 responsibility for medical care under the Civilian War Assistance program is transferred from the U.S. Public Health Service to the Social Security Administration. After that date, county welfare departments will have full responsibility for providing medical care through Civilian War Assistance funds for repatriates and evacuees as defined in Bulletin 283 (WS). The U.S. Public Health Service will continue to provide consultative services, especially at ports of debarkation, and in those counties where the U.S. Public Health Service maintains facilities, referrals can continue to be made to these facilities.

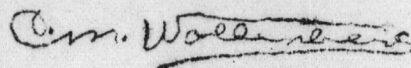
Pending release of detailed instructions within the very near future, the following will apply:

(1) County welfare departments will determine eligibility for medical care. Eligibility for such care, like other forms of assistance, will be based on need.

(2) County welfare departments will assist in arranging medical care either through the county hospital or through private facilities.

(3) Expenditures for medical care will not be met through Civilian War Assistance funds where medical care is rendered through a U. S. Public Health facility.

Very sincerely yours,

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR  
Sacramento  
September 27, 1946

6210 103, 113, 114, 115, 116,  
120, 120.5

DEPARTMENT BULLETIN NO. 287 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

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Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
September 27, 1946

*2061C 103, 113, 114, 115, 116,  
120, 120.5*

DEPARTMENT BULLETIN NO. 287 (WS)

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COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

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Civilian War Assistance

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Very sincerely yours,

*C. M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

OFFICE OF THE SECRETARY OF DEFENSE  
WASHINGTON, D.C. 20301

MEMORANDUM FOR THE SECRETARY OF DEFENSE

DATE: 10/10/64

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]



REGULATION (OF) AS  
of the

dept of Social Welfare  
(Name of State Agency)

W. M. Buckley  
(Signature)

Director  
(Title)

10/28/46

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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 1, 1946

5-11 Title I 1142, 115, 116, 1569  
2025, 2140, 3075

DEPARTMENT BULLETIN NO. 288 (Fiscal)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: October, 1946, OAS Advance  
for Administration

Under date of August 30, 1946, Department Bulletin No. 284 was issued, subject: Amendments to Social Security Act Effective October 1, 1946. This bulletin was ratified by the State Social Welfare Board at its September meeting in San Francisco on September 26, 1946, with the exception that paragraphs 2 and 3 of item E, page 13, were deleted. This deletion allows an increase in the counties' reimbursement of aged administrative costs from 37% to 50%.

Aged administration funds have already been transmitted to the counties for the month of October, 1946, on the basis of 37% of each county's estimated OAS administrative cost. To conform with the action of the State Social Welfare Board, the Department is now processing the necessary documents to transmit to each county the difference between 37% and 50% of each county's estimated cost.

This additional advance of Federal administrative funds for aged should be received by each county in the very near future.

Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 1, 1946

SSA Title 1142, 115, 116  
1560, 2025, 2140, 8075

DEPARTMENT BULLETIN NO. 288 (Fiscal)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

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*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

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GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 1, 1946

557 Rule I - 1142, 115, 116,  
1560, 2025, 2140,  
3075

DEPARTMENT BULLETIN NO. 288 (Fiscal)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

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Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



Certified as a Regulation (or as  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

W. M. Murphy  
(Signature)

Director  
(Title)

10/28/46  
(Date)

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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 7, 1946

70410 103, 113, 114, 115, 116, 120,  
120.5

DEPARTMENT BULLETIN NO. 289 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Civilian War Assistance  
Reimbursement for Medical Care  
Through U. S. Public Health Service  
Secured by Repatriates and Evacuees

Several counties have recently advised us of requests they have received from repatriates and evacuees for reimbursement of medical and dental care paid for by the repatriate or evacuee. The U. S. Public Health Service, Office of the Medical Director, District No. 5, advises that repatriates or evacuees may be reimbursed for medical or dental care received prior to August 16, 1946, if application for such care was made within one year after arrival. However, before the Medical Director can process such bills for reimbursement, he must have a certification from the welfare department that the person has been identified as a repatriate or evacuee under the definition set up for civilian war assistance. County welfare departments have been doing certifications for those repatriates or evacuees they referred for medical or dental care. You may wish to refer to Department Bulletin No. 266 (WS), Medical Care Available to Repatriates Through U. S. Public Health Service.

If repatriates or evacuees come to county welfare departments inquiring about reimbursement for medical care or dental care, the procedures outlined below should be followed:

1. Ascertain from the repatriates or evacuee if the medical or dental care was secured prior to August 16, 1946.
2. Establish the fact that medical or dental care was received within one year after arrival.
3. Instruct the repatriate to secure four receipted copies of bills paid. These bills must be itemized to show the diagnosis, the type of services given, and the unit cost. If drugs were furnished, these must be itemized and cost given.



4. The repatriate or evacuee should likewise have the physician or hospital complete Section A of the form "Certificates Required for Bills to United States Public Health Service." The repatriate or evacuee must then complete Section B of this form, "Certificate of Injured Person." These certificates have been used in the past and counties probably have a supply on hand. For information in identifying the certificate, they were attached to Department Bulletin No. 266 (WS), Attachment 4. If additional copies of these forms are needed, please advise us.
5. If the repatriate or evacuee has not completed an application form, "Application for Medical Care for Repatriate or Evacuee," this should be done. See Department Bulletin No. 266 (WS), Attachment 5.
6. Bills and forms mentioned under points 3, 4 and 5 should be returned to the county welfare department.
7. When the above requirements have been met, the welfare department should forward them to:

W. T. Harrison, Medical Director  
District No. 5, Federal Security Agency  
U. S. Public Health Service  
1407 U. S. Appraisers Building  
San Francisco 11, California

with a letter identifying the person claiming reimbursement as a repatriate or evacuee, giving full name, address, date of arrival, port of debarkation and citizenship status.

County welfare departments will have responsibility for providing medical care through civilian war assistance funds on all applications subsequent to October 1, 1946, as outlined in Department Bulletin No. 287 (WS).

Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 7, 1946

7, 110, 103, 113, 114, 115, 116,  
120, 120.5

DEPARTMENT BULLETIN NO. 289 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Civilian War Assistance  
Reimbursement for Medical Care  
Through U. S. Public Health Service  
Secured by Repatriates and Evacuees

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County welfare departments will have responsibility for providing medical care through civilian war assistance funds on all applications subsequent to October 1, 1946, as outlined in Department Bulletin No. 287 (WS).

Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



The purpose of this report is to provide a summary of the results of the investigation conducted by the Department of the Interior, Bureau of Land Management, in the area of the proposed project. The investigation was conducted in accordance with the provisions of the National Environmental Policy Act of 1969, as amended, and the regulations of the Department of the Interior, Bureau of Land Management, regarding the preparation of environmental impact statements.

The investigation was conducted in the area of the proposed project, and the results of the investigation are summarized in this report. The investigation was conducted in accordance with the provisions of the National Environmental Policy Act of 1969, as amended, and the regulations of the Department of the Interior, Bureau of Land Management, regarding the preparation of environmental impact statements.

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Very truly yours,

Director, Bureau of Land Management

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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 7, 1946

DEPARTMENT BULLETIN NO. 289 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Civilian War Assistance  
Reimbursement for Medical Care  
Through U. S. Public Health Service  
Secured by Repatriates and Evacuees

Several counties have recently advised us of requests they have received from repatriates and evacuees for reimbursement of medical and dental care paid for by the repatriate or evacuee. The U. S. Public Health Service, Office of the Medical Director, District No. 5, advises that repatriates or evacuees may be reimbursed for medical or dental care received prior to August 16, 1946, if application for such care was made within one year after arrival. However, before the Medical Director can process such bills for reimbursement, he must have a certification from the welfare department that the person has been identified as a repatriate or evacuee under the definition set up for civilian war assistance. County welfare departments have been doing certifications for those repatriates or evacuees they referred for medical or dental care. You may wish to refer to Department Bulletin No. 266 (WS), Medical Care Available to Repatriates Through U. S. Public Health Service.

If repatriates or evacuees come to county welfare departments inquiring about reimbursement for medical care or dental care, the procedures outlined below should be followed:

1. Ascertain from the repatriates or evacuee if the medical or dental care was secured prior to August 16, 1946.
2. Establish the fact that medical or dental care was received within one year after arrival.
3. Instruct the repatriate to secure four receipted copies of bills paid. These bills must be itemized to show the diagnosis, the type of services given, and the unit cost. If drugs were furnished, these must be itemized and cost given.



4. The repatriate or evacuee should likewise have the physician or hospital complete Section A of the form "Certificates Required for Bills to United States Public Health Service." The repatriate or evacuee must then complete Section B of this form, "Certificate of Injured Person." These certificates have been used in the past and counties probably have a supply on hand. For information in identifying the certificate, they were attached to Department Bulletin No. 266 (WS), Attachment 4. If additional copies of these forms are needed, please advise us.
5. If the repatriate or evacuee has not completed an application form, "Application for Medical Care for Repatriate or Evacuee," this should be done. See Department Bulletin No. 266 (WS), Attachment 5.
6. Bills and forms mentioned under points 3, 4 and 5 should be returned to the county welfare department.
7. When the above requirements have been met, the welfare department should forward them to:

W. T. Harrison, Medical Director  
District No. 5, Federal Security Agency  
U. S. Public Health Service  
1407 U. S. Appraisers Building  
San Francisco 11, California

with a letter identifying the person claiming reimbursement as a repatriate or evacuee, giving full name, address, date of arrival, port of debarkation and citizenship status.

County welfare departments will have responsibility for providing medical care through civilian war assistance funds on all applications subsequent to October 1, 1946, as outlined in Department Bulletin No. 287 (WS).

Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

Certified as a Regulation (or as  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

C. W. Blumley  
(Signature)

Director  
(Title)

10/28/46  
(Date)



MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 8, 1946

WC 103, 113, 114, 115, 116,  
120, 120.5

DEPARTMENT BULLETIN NO. 290 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Civilian War Assistance  
Provision for Return Transportation  
to the Philippine Islands  
and to Hawaii

Instructional material and application forms have been received on "Provision for Return Transportation to the Philippine Islands and to Hawaii under the Civilian War Assistance Program." Because only a limited number of copies of the instructions and applications are available, this material is being sent only to those counties where it is known inquiries have been made about return transportation by repatriates or evacuees.

If an application for return transportation comes to your attention, please teletype the State Department of Social Welfare and the detailed instructional material and application forms will be forwarded to you immediately. Since funds are available for return transportation only until July 1, 1947, it is extremely important that information about return transportation reach all repatriates and evacuees so that they may take advantage of the plan if they so desire.

Eligibility for Return Transportation

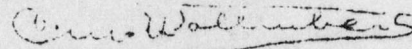
Under the Civilian War Assistance program, return transportation is provided to civilians who were living in the Philippine Islands or Hawaii prior to December 7, 1941, and who were evacuated to the United States between December 7, 1941, and September 15, 1945. Steamship passage will be provided without regard to need. All other travel costs, such as financial assistance to meet maintenance cost while awaiting embarkation, transportation to the port of embarkation, etc., will be provided through Civilian War Assistance funds, only for those evacuees who do not have sufficient resources of their own to meet such costs.

Since all returnees will leave from San Francisco, the San Francisco Public Welfare Department, because of its location in the port city, will have a considerable amount of work to do in this phase of the Civilian War Assistance program. It is important that the counties do everything possible to insure that the evacuee's plan for return transportation is completed prior to his arrival in San Francisco. Counties will therefore be responsible for seeing that all of the following arrangements are completed prior to the evacuee's arrival at the port of embarkation:

1. Secure hotel reservations in advance of arrival in San Francisco;
2. Complete inoculations prior to arrival;
3. Provide transportation, if necessary, to the port city only after the sailing date is known;
4. Provide necessary assistance for the specific time the individual will have to be in the port city (since the local agency will know both the date of arrival in San Francisco and the sailing date);
5. Discuss with the evacuee his plan for reaching his destination after arrival at the port of debarkation; and when medical or special care for children is needed, have assurance from the evacuee or from another source, that a plan for obtaining such care has been made; and
6. Include on the reverse side of the copy of the application form given to the evacuee prior to his leaving for the port city, the amount and purpose of financial assistance given to the evacuee, and a statement of the plan made with him while he is in San Francisco in order to avoid duplication of effort by the San Francisco agency.

We are sending to county welfare departments under separate cover a supply of informational statements for distribution to repatriates and evacuees. This statement contains the essential eligibility requirements and other instructions relative to return to the Philippines or Hawaii.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



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311 SOUTH SPRING STREET

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995 MARKET STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 8, 1946

7-10 103, 113, 114, 115, 116,  
120, 12015

DEPARTMENT BULLETIN NO. 290 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

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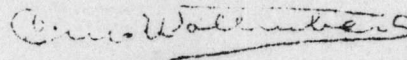
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Since all returnees will leave from San Francisco, the San Francisco Public Welfare Department, because of its location in the port city, will have a considerable amount of work to do in this phase of the Civilian War Assistance program. It is important that the counties do everything possible to insure that the evacuee's plan for return transportation is completed prior to his arrival in San Francisco. Counties will therefore be responsible for seeing that all of the following arrangements are completed prior to the evacuee's arrival at the port of embarkation:

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We are sending to county welfare departments under separate cover a supply of informational statements for distribution to repatriates and evacuees. This statement contains the essential eligibility requirements and other instructions relative to return to the Philippines or Hawaii.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



MAIN OFFICE  
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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

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DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 8, 1946

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COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

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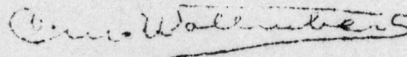
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Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



Certified as a Regulation (or as  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

C. W. Ellenberg  
(Signature)

Director  
(Title)

10/28/46  
(Date)

MAIN OFFICE  
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616 K STREET

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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 8, 1946

DEPARTMENT BULLETIN NO. 291 (OAS, ANB)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: County Institutional Subvention  
OAS, ANB

Question has been raised by the various counties as to the amount of State funds to be claimed on County Institutional Claims for OAS and ANB after October 1, 1946.

The State's share of the assistance payment made to the recipient in the month of admission to the county institution for medical, hospital or infirmary care at county expense governs the amount to be claimed. The change in Federal participation effective October 1 in no way affects the State's share in any assistance payment made prior to that date. Therefore if the recipient entered the county institution prior to October 1, there is no change in the amount of institutional subvention to be claimed for October or subsequent months.

Example 1: An OAS recipient receiving a grant of \$50 entered the county hospital on June 11, 1946. Participation was as follows: Federal - \$20; State - \$25; County - \$5. Beginning September 1 institutional subvention in the amount of \$25 was claimed. The amount to be claimed for October and subsequent months remains the same. (No change has resulted due to the October 1 increase in Federal participation.)

If the recipient entered the county institution on October 1 or thereafter the State's share of the assistance payment made in the month of admission must be determined on the basis of the portion of the payment which exceeds the amount contributed by the Federal government under the Federal participation plan as effective October 1.

Example 2: An OAS recipient received \$50 in September and was increased to \$55 on October 1. He entered the county hospital on October 11, 1946. The \$55 grant received in the month the recipient was admitted was shared as follows: Federal - \$25; State - \$25; County - \$5. The amount to be claimed by the county on the institutional claim will be the State share or \$25.



Example 3: An OAS recipient received \$45 in September and received \$50 on October 1. He entered the hospital on October 11. The \$50 grant received in the month of admission is shared as follows: Federal - \$25; State - \$20.83; County - \$4.17. The amount to be claimed on the institutional claim will be \$20.83.

Example 4: An ANB recipient was receiving a grant of \$60 a month when he entered the county hospital after the first of October 1946. The \$60 grant was shared as follows: Federal - \$25; State - \$17.50; County - \$17.50. The amount to be claimed by the county on the institutional claim will be the State's share, or \$17.50.

Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

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EARL WARREN  
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DAVID HEWES BUILDING  
995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 8, 1946

DEPARTMENT BULLETIN NO. 291 (OAS, ANB)

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COUNTY WELFARE DEPARTMENTS  
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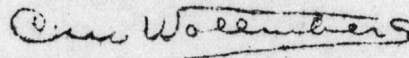
1944-1945

1950

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Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



201C 2160.7, 3044.1

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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

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DAVID HEWES BUILDING  
995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 8, 1946

DEPARTMENT BULLETIN NO. 291 (OAS, ANB)

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COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

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UNITED STATES  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535  
JANUARY 10, 1964

TO : DIRECTOR, FBI  
FROM : SAC, NEW YORK  
SUBJECT: [Illegible]

RE: [Illegible]

ADMINISTRATIVE: [Illegible]

TO : DIRECTOR, FBI  
FROM : SAC, NEW YORK  
SUBJECT: [Illegible]

RE: [Illegible]

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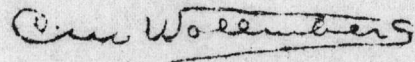
[Illegible paragraph of text]



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Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

Certified as a Regulation (      as  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

W. J. D. D. D.  
(Signature)

Director  
(Title)

10/28/46  
(Date)



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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 9, 1946

*WY 10 103, 113, 114, 115,  
116, 120, 120.5*

DEPARTMENT BULLETIN NO. 292 (Fiscal)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Assistance and Administrative Expense  
Claims Under Enemy Aliens and Others  
Affected by Restrictive Governmental  
Action Program

You have already been notified no commitments may be made for expenditures chargeable against funds provided for the Enemy Aliens and Others Affected by Restrictive Governmental Action Program after June 30, 1946.

Counties are now notified all outstanding obligations must be traced, payment effected, and claim made immediately if reimbursement is to be secured from Federal funds. The Federal Government is requesting return of the funds by the end of October, 1946.

All counties having outstanding obligations shall notify this Department immediately of their intent to file claims for reimbursement.

Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

MANUAL UNIT

123,183,1617  
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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 9, 1946

708 10 103, 113, 114, 115, 116,  
120, 120.5

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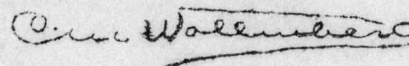
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Certified as a Regulation (or as  
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Dept of Social Welfare  
(Name of State Agency)

McElanhey  
(Signature)

Director  
(Title)

10/28/46

(Date)



123,183,1617

MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 9, 1946

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116, 120, 120.5*

DEPARTMENT BULLETIN NO. 293 (Selective Service)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Termination of Selective Service  
Medical Survey Program

The Medical Survey Program of Selective Service will be discontinued as of October 31, 1946. No Federal funds will be available after that date for costs of the Medical Survey Program.

Dependency investigations and the cost of making information available for the Medical Survey from the records of cases known to the county agency as aged, blind or children cases may be allocated or apportioned as direct charges to the activity involved on your time records. If this procedure is not possible, such expenditures may be included in overhead expenses which are distributed to regular programs of the agency.

Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

MANUAL UNIT

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616 K STREET

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WASHINGTON BUILDING  
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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 9, 1946

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Very sincerely yours,

Charles Wollenberg

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



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MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE  
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995 MARKET STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 9, 1946

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*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

Certified as a Regulation (or as  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Chas. A. DeWitt  
(Signature)

Director  
(Title)

10/28/46

(Date)



MAIN OFFICE  
SACRAMENTO  
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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

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WASHINGTON BLDG.  
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DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE  
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995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR  
Sacramento  
October 16, 1946

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DEPARTMENT BULLETIN NO. 294 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Medical Care Under the  
Civilian War Assistance  
Program

The following instructions have been received from the Social Security Administration and supersede Bulletin 287 (WS).

Responsibility for the Civilian War Assistance medical care program was transferred from the U.S. Public Health Service to the Social Security Administration as of October 1, 1946. Since determination of eligibility for medical care based on need will be made by county welfare departments, it is believed a more efficient administration will be accomplished if the welfare department assumes full responsibility for the medical care program.

Medical care includes physician's services, hospital care, dental care, as well as the furnishing of medications, eyeglasses and other prosthetic appliances, and other services recommended by the attending physician as necessary in the medical treatment plan.

In an effort to provide necessary medical care to repatriates as quickly as possible in their home community, the county welfare department will now be responsible for:

1. Determining eligibility for medical care;
2. Making necessary arrangements for securing such care; and
3. Paying for such care subject to reimbursement from Civilian War Assistance funds

The U.S. Public Health Service will continue to provide consultative services, especially at port cities, and their facilities can continue to be used where available. This plan is effective October 1, 1946.

I. Major Policy Changes

- A. Temporary medical care, like other temporary assistance under the Civilian War Assistance program, is now limited to:

1. Citizen repatriates (Americans who have been interned or stranded and returned to the United States) or their children under 18. Where there are other persons who are essential to the care of repatriated citizens or their children under 18, the medical care needs of such persons required in the rendering of "essential care" may be included as a need of the eligible individuals.

2. Civilian evacuees without regard to citizenship evacuated to the United States from the Philippines or Hawaii between December 7, 1941, and September 15, 1945, pending return to their former homes.
- B. Although temporary medical care had previously been available to all repatriates and evacuees without regard to need, medical care, like other kinds of temporary assistance, is now limited to those repatriates and evacuees who do not have resources to pay for their own medical care.
- C. Eligibility for temporary medical care does not require that the condition was present on arrival, or that application for medical care be made within 1 year after date of arrival. The previous U.S. Public Health Service requirements that application for medical care must be made within 1 year after arrival in this country, and that care can be provided for only those conditions present on arrival, no longer apply.
- D. After August 16, 1946, medical care will be both arranged for and paid for by the county welfare department. It will no longer be necessary to obtain advance authorization for medical or hospital care in individual cases from the District Director of the U.S. Public Health Service, nor for practitioners and hospitals to submit bills to him for payment. (See below for special provision regarding dental care.)

## II. Determination of Eligibility for Medical Care

In order to establish eligibility for medical care under the Civilian War Assistance program, it will now be necessary to determine both need and repatriate or evacuee status.

### A. Determination of Need

#### 1. At the Port City

In determining eligibility of repatriates for emergency medical care at the port of debarkation, only those resources which are immediately available should be considered.

#### 2. In the Community of Residence

If an evacuee or repatriate is receiving Civilian War Assistance, referral can be made for medical care without redetermination of eligibility.

If the applicant is not receiving Civilian War Assistance, need for medical care assistance should be determined, taking into consideration the type of illness, probable duration, and cost of care in relation to the resources available to the repatriate or evacuee. When there is any question of the medical need, consultation with the attending physician will be necessary in arriving at eligibility determination. Consideration should also be given only to those resources available to the repatriate or evacuee himself, with allowance of sufficient resources to assure the health and well-being of repatriates and evacuees and to facilitate their readjustment and return to self-support as quickly as possible. Resources made readily available by relatives should be considered, but since many repatriates and evacuees have been separated from their families for some time, in general,



The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud. The document also outlines the responsibilities of individuals involved in the process, including the need for transparency and accountability.

The second part of the document provides a detailed overview of the various methods used to collect and analyze data. It describes the different types of data sources, such as surveys, interviews, and focus groups, and explains how this information is used to identify trends and patterns. The document also discusses the challenges associated with data collection and analysis, such as ensuring the reliability and validity of the data.

The third part of the document focuses on the development of effective communication strategies. It highlights the importance of clear and concise communication in conveying complex information and in building trust with stakeholders. The document also provides guidance on how to tailor communication efforts to different audiences and to use a variety of communication channels to reach the target audience.

The fourth part of the document discusses the role of technology in improving the efficiency and effectiveness of the process. It describes the various tools and software used to collect, analyze, and disseminate data, and explains how these technologies can be used to streamline the process and to reduce the risk of error. The document also discusses the importance of staying up-to-date on the latest technological advancements in the field.

The fifth part of the document discusses the importance of ongoing monitoring and evaluation. It emphasizes that the process is not a one-time event, but rather a continuous cycle of planning, implementation, and evaluation. The document also outlines the various methods used to monitor and evaluate the process, such as regular reporting and the use of key performance indicators. The document also discusses the importance of being flexible and responsive to changes in the environment and to the needs of the stakeholders.

The sixth part of the document provides a summary of the key findings and conclusions of the study. It highlights the main points discussed in the document and provides a clear and concise overview of the results. The document also discusses the implications of the findings for future research and for the development of policy and practice. The document concludes by emphasizing the importance of continued collaboration and communication among all stakeholders involved in the process.

undue pressure should not be used in attempting to induce relatives to assume financial responsibility for medical care. On the other hand, income above that needed for general maintenance expenses (at a level allowing for rehabilitation) should be considered, even though it may be necessary for small amounts to be applied to a medical bill over a reasonable period of time.

Any difficult or borderline case should be referred to the field representative for consultation on eligibility for medical care.

## B. Establishment of Repatriate or Evacuee Status

### 1. Repatriate Status

Since citizenship must be determined for the repatriate group, the repatriate's passport or the ship's passenger list, usually available in port cities, can be used to provide the necessary verification. However, if the repatriate does not have his passport, and has no other means of verifying his citizenship, and if passenger lists are not available, send to the State Department of Social Welfare as much identifying information as possible and we will attempt to obtain citizenship information through the Social Security Administration from the Passport Division of the Department of State.

### 2. Evacuee Status

The evacuee himself will usually be able to furnish the necessary information to establish evacuee status by citing the approximate dates and places of departure and arrival, ports of departure and entry, name of ship or transportation used (i.e., airplane, submarine, etc.) or by providing other information concerning his former home in Hawaii or the Philippines during this period. The evacuee may be able to establish his status by producing some type of identification given by the Army during evacuation, such as a mimeographed statement of authorization for evacuation, food card while on board ship, baggage ticket, space assignment tag, or copy of affidavit submitted before evacuation, or by producing some type of identification given on arrival in this country. If the above possibilities prove unsuccessful, a wire may be sent to the welfare agency at the port of debarkation, if Civilian War Assistance was received on arrival in this country, to establish evacuee status.

## III. Referral for Medical Care

Beginning October 1, 1946, all medical, dental, and hospital care for repatriates and evacuees shall be authorized by the county welfare department by completing two copies of the attached form and sending the forms to the medical care vendor. The medical care vendor shall be instructed to complete the forms and return one copy at once to the county welfare department. Medical care vendors should be instructed by the county to submit bills at the end of each month. Bills submitted should show the date on which each service was rendered, the cost of each item of services or supplies, and the total cost. Hospital bills must show the date of admission and the date of discharge, the number of days for which charge is being made, and an itemization of the cost of drugs, supplies or other services rendered. Counties will make available to the recipient subject to reimbursement from Civilian War Assistance funds, the drugs, supplies or services which are necessary in connection with the treatment as determined by the physician.



THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.  
JANUARY 1, 1900

TO THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.

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Further, payments of Civilian War Assistance funds shall be only for items necessary to accomplish the treatment as prescribed by the physician who has been authorized to treat the case.

Pharmacies should be instructed to itemize the drugs furnished the repatriate, the dates supplied and the unit costs. Except for emergencies, referral for medical care should be made after eligibility for such care has been established.

#### A. Medical and Hospital Care

##### 1. Use of Other Than U.S. Public Health Service Facilities

Arrangements for medical and hospital care in other than U.S. Public Health Service facilities should be made in the manner usually arranged through the county welfare department.

##### 2. Use of U.S. Public Health Service Facilities

U.S. Public Health Service marine hospitals and second-class medical relief stations (out-patient treatment only) will continue to be available for admission of persons eligible for care and treatment under the Civilian War Assistance program. Authorization for such medical care must be made to the Medical Officer in Charge prior to the acceptance of the patient. The authorization form should be submitted in duplicate. (Form attached can be used for this purpose.)

#### B. Dental Care

Except for the emergency relief of pain, an estimate of all dental work should be secured in advance and approved by the county welfare department before authorization for dental care is made. While extensive dental care may be needed because of lack of such care for several years while in internment, in authorizing dental care consideration should be given to the individual's potential resources from future employment and his ability to pay for his own dental care in installments over a reasonable period of time. Where estimates for dental care seem unjustifiably large, upon referral by the county the State Department of Social Welfare will obtain the advice of the U.S. Public Health Service prior to authorization of such expenditure.

#### IV. Burials

Burial costs formerly paid by the U.S. Public Health Service may now be met through Civilian War Assistance funds. Burial costs not to exceed \$100 may be authorized and paid for by the county. Additional expenditures in connection with burial, such as transportation of corpses and transportation of attendants, may be authorized when indicated.

#### V. Transfer of Medical Care Cases as of October 1, 1946

##### A. Cases Under Care Outside of U.S. Public Health Service Facilities

All cases now receiving medical care outside of U.S. Public Health Service facilities should be reviewed for their continued eligibility for such care under the current provisions of the Civilian War Assistance program, with special reference to citizenship and lack of resources to





meet costs of medical care. For those who continue to be eligible for medical care, arrangements should be made by the county welfare department for payment for such care subject to reimbursement from Civilian War Assistance funds.

All cases now receiving medical care outside of U.S. Public Health Service facilities will be referred by the State Department of Social Welfare to county welfare departments for determination of continued eligibility for such care under the current provisions of the Civilian War Assistance program, with special reference to citizenship and lack of resources to meet costs of medical care. For those who continue to be eligible for medical care, the county welfare department shall send to the medical vendor two copies of the attached form - Referral for Medical Care, and arrangements should be made for payment out of Civilian War Assistance funds for care rendered subsequent to August 16, 1946. Since the U.S. Public Health Service was not notified until August 16, 1946, of the change in policy providing the granting of medical care on a needs basis, payment for care up to that date will be met by the U.S. Public Health Service without a determination of eligibility by the county welfare department.

Inasmuch as physicians and other medical agencies are not as yet aware of the transfer of the medical care program, many vendors have submitted claims for care subsequent to August 16, 1946, to the U.S. Public Health Service. These claims will be referred to county welfare departments, and when eligibility for care is determined, the counties will pay for such care out of Civilian War Assistance funds. In other instances, the U.S. Public Health Service has received claims for services rendered both before and after August 16, and has requested medical vendors to divide such claims, submitting to the county welfare departments a statement covering services rendered subsequent to August 16.

U.S. Public Health Service records, invoices, and correspondence pertaining to all cases which have received care on and after August 16, 1946, will be turned over to the State Department of Social Welfare. A brief summary of the record indicating outstanding bills and other pertinent data will be sent to the county welfare departments for a determination of eligibility and payment for the care rendered after August 16. The War Services Unit will make available information concerning payments made by the U.S. Public Health Service for care prior to August 16 when requested by the county. U.S. Public Health Service records will show whether claims for care prior to August 16 have been submitted for payment, or whether additional facts are necessary before payment can be made.

#### B. Cases Under Care in U.S. Public Health Service Facilities

In any city in which a U.S. Public Health Service facility is situated, the medical Officer in Charge will advise the county welfare department of the names of repatriates and evacuees now hospitalized or receiving care, with the request that the eligibility of these individuals be determined, and, if eligible, continued care authorized. Where any question arises, the county welfare department should consult with the field representative.



1. After determination of eligibility for continued medical care under the Civilian War Assistance program, authorization for such care should be prepared in duplicate (see form attached) and sent to the U.S. Public Health Service facility. Since one copy of the authorization will be submitted by the U. S. Public Health Service with the invoice to the Social Security Administration for payment, the authorization should contain the complete name and address of the agency approving the care.

## VI. Payment for Medical Care

### A. Care Received Outside of U.S. Public Health Service Facilities

#### 1. Between July 1 and August 15, 1946

For medical care received between July 1 and August 15, 1946, outside of U.S. Public Health Service facilities, bills should be transmitted to the District Director of the U.S. Public Health Service for payment as heretofore.

#### 2. Between August 16 and September 30, 1946

Payment should be made by the county welfare department for medical care received between August 16 and September 30, 1946, outside of U.S. Public Health Service facilities by those persons whose eligibility for such care has been established. Payment should be made by the county welfare department in the usual manner (either through the money payment or through payment to the vendor) using Civilian War Assistance funds. (See special provision concerning dental care.)

For medical care received during this period by those not found eligible under the current provisions of the Civilian War Assistance program, bills should be referred to the State Department of Social Welfare for forwarding to the Bureau of Public Assistance, Washington, D.C., for consideration. Complete information concerning the situation which led to a determination of ineligibility should be forwarded with the bill to the State Department of Social Welfare. Such information should include ages of repatriate or evacuee, size of the family, resources available, type of medical problem and estimated total cost of care, and the family's plan for self-support or rehabilitation.

#### 3. On and After October 1, 1946

Payment for medical, dental, or hospital care received outside of U.S. Public Health Service facilities on or after October 1, 1946, should be made by the county welfare department. In the absence of established rates for medical and dental care, rates comparable to fees allowed in the State under the State Workmen's Compensation program may be used. The U.S. Public Health Service has also offered to act in a consultative capacity, and any questions regarding the charges made may be forwarded to the State Department of Social Welfare and a decision will be obtained from the U.S. Public Health Service.

### B. Care Received in U.S. Public Health Service Facilities

#### 1. Between July 1 and August 15, 1946

Arrangements for payment of medical care received in U.S. Public Health Service facilities between July 1 and August 15, 1946, will be made by the U.S. Public Health Service.

1. The Commission on the Status of Women, established in 1946, was the first of its kind. It was created by the Economic and Social Council of the United Nations to study, examine and make recommendations on the status of women in all countries. The Commission has since held several sessions and has produced a number of reports and recommendations.

## 2. The Commission on the Status of Women, established in 1946, was the first of its kind.

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2. Between August 16 and September 30, 1946

Payment will be made directly by the Social Security Administration to the U. S. Public Health Service for medical care received in U.S. Public Health Service facilities between August 16 and September 30, 1946, for those persons for whom eligibility for such care has been determined by the county welfare department. A copy of the county welfare department's authorization for such care must accompany the U.S. Public Health Service's invoice for payment.

3. On and After October 1, 1946

Payment will be made directly by the Social Security Administration to the U.S. Public Health Service for medical care received in U.S. Public Health Service facilities on and after October 1, 1946, for those persons found eligible for such care by the county welfare department. A copy of the county welfare department's authorization of such care must accompany the U.S. Public Health Service's invoice to the Social Security Administration for payment.

VII. Cases Ineligible for Further Medical Care

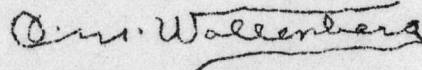
A. Sufficient Resources Available

In those cases where persons are found ineligible for continued medical care because they have sufficient resources to pay for their own care, the basis for their assuming responsibility for such care should be carefully explained to the patient and to his family. For those persons ineligible to receive further care in U.S. Public Health Service facilities, a plan should be made with the hospital and the patient to arrange for his transfer to another medical facility in the community.

B. Lack of Citizenship

In those cases where persons are found ineligible for continued medical care because of lack of citizenship, or other eligibility qualifications under the Civilian War Assistance program, an attempt should be made to work out a plan with relatives, friends, or other social agencies in the community whereby necessary medical care can be continued.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

1 RRAL FOR MEDICAL CARE UNDER TH  
CIVILIAN WAR ASSISTANCE PROGRAM

Necessary medical, hospital and/or emergency dental care is hereby authorized under the Civilian War Assistance program for a period of 3 months.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street City State

| Name of Worker | Title |
|----------------|-------|
|----------------|-------|

Agency

---

Address

Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To be completed by Physician, Dentist or Hospital.

Please complete and return immediately to: \_\_\_\_\_  
Name of Public Welfare Agency

| Street | City | State |
|--------|------|-------|
|--------|------|-------|

Diagnosis \_\_\_\_\_

Nature and Extent of Treatment Necessary and Approximate Duration: \_\_\_\_\_

Cost of Treatment \$ \_\_\_\_\_

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Physician's Signature

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Address

| Date | City | State |
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NOTE TO DENTIST: Only examination and emergency treatment to relieve pain or prevent spread of oral infection is included in this authorization. If further treatment is necessary, please submit to the agency listed above a detailed report of condition of teeth, indicating work necessary, and itemized estimate of cost of such work. If estimated cost is reasonable, you will be authorized by this agency to render treatment and will be instructed further regarding submission of bills.



MAIN OFFICE  
SACRAMENTO  
616 K STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

W41C 103, 113, 114, 115,  
116, 120, 120.5

LOS ANGELES OFFICE  
WASHINGTON BLDG.  
311 SOUTH SPRING STREET

DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE  
DAVID HEWES BLDG.  
995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 16, 1946

DEPARTMENT BULLETIN NO. 294 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Medical Care Under the  
Civilian War Assistance  
Program

The following instructions have been received from the Social Security Administration and supersede Bulletin 287 (WS).

Responsibility for the Civilian War Assistance medical care program was transferred from the U.S. Public Health Service to the Social Security Administration as of October 1, 1946. Since determination of eligibility for medical care based on need will be made by county welfare departments, it is believed a more efficient administration will be accomplished if the welfare department assumes full responsibility for the medical care program.

Medical care includes physician's services, hospital care, dental care, as well as the furnishing of medications, eyeglasses and other prosthetic appliances, and other services recommended by the attending physician as necessary in the medical treatment plan.

In an effort to provide necessary medical care to repatriates as quickly as possible in their home community, the county welfare department will now be responsible for:

1. Determining eligibility for medical care;
2. Making necessary arrangements for securing such care; and
3. Paying for such care subject to reimbursement from Civilian War Assistance funds

The U.S. Public Health Service will continue to provide consultative services, especially at port cities, and their facilities can continue to be used where available. This plan is effective October 1, 1946.

I. Major Policy Changes

- A. Temporary medical care, like other temporary assistance under the Civilian War Assistance program, is now limited to:

1. Citizen repatriates (Americans who have been interned or stranded and returned to the United States) or their children under 18. Where there are other persons who are essential to the care of repatriated citizens or their children under 18, the medical care needs of such persons required in the rendering of "essential care" may be included as a need of the eligible individuals.

SECRET  
CONFIDENTIAL

U.S. AIR FORCE

OFFICE OF THE SECRETARY OF THE AIR FORCE

WASHINGTON, D.C.

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2. Civilian evacuees without regard to citizenship evacuated to the United States from the Philippines or Hawaii between December 7, 1941, and September 15, 1945, pending return to their former homes.
- B. Although temporary medical care had previously been available to all repatriates and evacuees without regard to need, medical care, like other kinds of temporary assistance, is now limited to those repatriates and evacuees who do not have resources to pay for their own medical care.
- C. Eligibility for temporary medical care does not require that the condition was present on arrival, or that application for medical care be made within 1 year after date of arrival. The previous U.S. Public Health Service requirements that application for medical care must be made within 1 year after arrival in this country, and that care can be provided for only those conditions present on arrival, no longer apply.
- D. After August 16, 1946, medical care will be both arranged for and paid for by the county welfare department. It will no longer be necessary to obtain advance authorization for medical or hospital care in individual cases from the District Director of the U.S. Public Health Service, nor for practitioners and hospitals to submit bills to him for payment. (See below for special provision regarding dental care.)

## II. Determination of Eligibility for Medical Care

In order to establish eligibility for medical care under the Civilian War Assistance program, it will now be necessary to determine both need and repatriate or evacuee status.

### A. Determination of Need

#### 1. At the Port City

In determining eligibility of repatriates for emergency medical care at the port of debarkation, only those resources which are immediately available should be considered.

#### 2. In the Community of Residence

If an evacuee or repatriate is receiving Civilian War Assistance, referral can be made for medical care without redetermination of eligibility.

If the applicant is not receiving Civilian War Assistance, need for medical care assistance should be determined, taking into consideration the type of illness, probable duration, and cost of care in relation to the resources available to the repatriate or evacuee. When there is any question of the medical need, consultation with the attending physician will be necessary in arriving at eligibility determination. Consideration should also be given only to those resources available to the repatriate or evacuee himself, with allowance of sufficient resources to assure the health and well-being of repatriates and evacuees and to facilitate their readjustment and return to self-support as quickly as possible. Resources made readily available by relatives should be considered, but since many repatriates and evacuees have been separated from their families for some time, in general,

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### CONCLUSION

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undue pressure should not be used in attempting to induce relatives to assume financial responsibility for medical care. On the other hand, income above that needed for general maintenance expenses (at a level allowing for rehabilitation) should be considered, even though it may be necessary for small amounts to be applied to a medical bill over a reasonable period of time.

Any difficult or borderline case should be referred to the field representative for consultation on eligibility for medical care.

## B. Establishment of Repatriate or Evacuee Status

### 1. Repatriate Status

Since citizenship must be determined for the repatriate group, the repatriate's passport or the ship's passenger list, usually available in port cities, can be used to provide the necessary verification. However, if the repatriate does not have his passport, and has no other means of verifying his citizenship, and if passenger lists are not available, send to the State Department of Social Welfare as much identifying information as possible and we will attempt to obtain citizenship information through the Social Security Administration from the Passport Division of the Department of State.

### 2. Evacuee Status

The evacuee himself will usually be able to furnish the necessary information to establish evacuee status by citing the approximate dates and places of departure and arrival, ports of departure and entry, name of ship or transportation used (i.e., airplane, submarine, etc.) or by providing other information concerning his former home in Hawaii or the Philippines during this period. The evacuee may be able to establish his status by producing some type of identification given by the Army during evacuation, such as a mimeographed statement of authorization for evacuation, food card while on board ship, baggage ticket, space assignment tag, or copy of affidavit submitted before evacuation, or by producing some type of identification given on arrival in this country. If the above possibilities prove unsuccessful, a wire may be sent to the welfare agency at the port of debarkation, if Civilian War Assistance was received on arrival in this country, to establish evacuee status.

## III. Referral for Medical Care

Beginning October 1, 1946, all medical, dental, and hospital care for repatriates and evacuees shall be authorized by the county welfare department by completing two copies of the attached form and sending the forms to the medical care vendor. The medical care vendor shall be instructed to complete the forms and return one copy at once to the county welfare department. Medical care vendors should be instructed by the county to submit bills at the end of each month. Bills submitted should show the date on which each service was rendered, the cost of each item of services or supplies, and the total cost. Hospital bills must show the date of admission and the date of discharge, the number of days for which charge is being made, and an itemization of the cost of drugs, supplies or other services rendered. Counties will make available to the recipient subject to reimbursement from Civilian War Assistance funds, the drugs, supplies or services which are necessary in connection with the treatment as determined by the physician.

These studies should not be taken as evidence of a general decline in the quality of medical education in the United States. The studies were conducted in a limited number of schools and the results may not be representative of all schools. It is possible that the quality of medical education is declining in some schools but not in others. The studies also did not take into account the quality of the faculty or the quality of the curriculum.

Any decline in the quality of medical education is a serious problem and should be addressed by the medical community. The medical community should take steps to improve the quality of medical education and to ensure that the next generation of physicians is well-trained and competent.

## I. Background of the Study

### 1. Introduction

The purpose of this study was to determine whether there has been a decline in the quality of medical education in the United States. The study was conducted in a limited number of schools and the results may not be representative of all schools. It is possible that the quality of medical education is declining in some schools but not in others. The studies also did not take into account the quality of the faculty or the quality of the curriculum.

### 2. Methods

The study was conducted in a limited number of schools and the results may not be representative of all schools. It is possible that the quality of medical education is declining in some schools but not in others. The studies also did not take into account the quality of the faculty or the quality of the curriculum.

### 3. Results

The results of the study showed that there has been a decline in the quality of medical education in the United States. The study was conducted in a limited number of schools and the results may not be representative of all schools. It is possible that the quality of medical education is declining in some schools but not in others. The studies also did not take into account the quality of the faculty or the quality of the curriculum.



Further, payments out of Civilian War Assistance funds shall be only for items necessary to accomplish the treatment as prescribed by the physician who has been authorized to treat the case.

Pharmacies should be instructed to itemize the drugs furnished the repatriate, the dates supplied and the unit costs. Except for emergencies, referral for medical care should be made after eligibility for such care has been established.

#### A. Medical and Hospital Care

##### 1. Use of Other Than U.S. Public Health Service Facilities

Arrangements for medical and hospital care in other than U.S. Public Health Service facilities should be made in the manner usually arranged through the county welfare department.

##### 2. Use of U.S. Public Health Service Facilities

U.S. Public Health Service marine hospitals and second-class medical relief stations (out-patient treatment only) will continue to be available for admission of persons eligible for care and treatment under the Civilian War Assistance program. Authorization for such medical care must be made to the Medical Officer in Charge prior to the acceptance of the patient. The authorization form should be submitted in duplicate. (Form attached can be used for this purpose.)

#### B. Dental Care

Except for the emergency relief of pain, an estimate of all dental work should be secured in advance and approved by the county welfare department before authorization for dental care is made. While extensive dental care may be needed because of lack of such care for several years while in internment, in authorizing dental care consideration should be given to the individual's potential resources from future employment and his ability to pay for his own dental care in installments over a reasonable period of time. Where estimates for dental care seem unjustifiably large, upon referral by the county the State Department of Social Welfare will obtain the advice of the U.S. Public Health Service prior to authorization of such expenditure.

#### IV. Burials

Burial costs formerly paid by the U.S. Public Health Service may now be met through Civilian War Assistance funds. Burial costs not to exceed \$100 may be authorized and paid for by the county. Additional expenditures in connection with burial, such as transportation of corpses and transportation of attendants, may be authorized when indicated.

#### V. Transfer of Medical Care Cases as of October 1, 1946

##### A. Cases Under Care Outside of U.S. Public Health Service Facilities

All cases now receiving medical care outside of U.S. Public Health Service facilities should be reviewed for their continued eligibility for such care under the current provisions of the Civilian War Assistance program, with special reference to citizenship and lack of resources to

1944



meet costs of medical care. For those who continue to be eligible for medical care, arrangements should be made by the county welfare department for payment for such care subject to reimbursement from Civilian War Assistance funds.

All cases now receiving medical care outside of U.S. Public Health Service facilities will be referred by the State Department of Social Welfare to county welfare departments for determination of continued eligibility for such care under the current provisions of the Civilian War Assistance program, with special reference to citizenship and lack of resources to meet costs of medical care. For those who continue to be eligible for medical care, the county welfare department shall send to the medical vendor two copies of the attached form - Referral for Medical Care, and arrangements should be made for payment out of Civilian War Assistance funds for care rendered subsequent to August 16, 1946. Since the U.S. Public Health Service was not notified until August 16, 1946, of the change in policy providing the granting of medical care on a needs basis, payment for care up to that date will be met by the U.S. Public Health Service without a determination of eligibility by the county welfare department.

Inasmuch as physicians and other medical agencies are not as yet aware of the transfer of the medical care program, many vendors have submitted claims for care subsequent to August 16, 1946, to the U.S. Public Health Service. These claims will be referred to county welfare departments, and when eligibility for care is determined, the counties will pay for such care out of Civilian War Assistance funds. In other instances, the U.S. Public Health Service has received claims for services rendered both before and after August 16, and has requested medical vendors to divide such claims, submitting to the county welfare departments a statement covering services rendered subsequent to August 16.

U.S. Public Health Service records, invoices, and correspondence pertaining to all cases which have received care on and after August 16, 1946, will be turned over to the State Department of Social Welfare. A brief summary of the record indicating outstanding bills and other pertinent data will be sent to the county welfare departments for a determination of eligibility and payment for the care rendered after August 16. The War Services Unit will make available information concerning payments made by the U.S. Public Health Service for care prior to August 16 when requested by the county. U.S. Public Health Service records will show whether claims for care prior to August 16 have been submitted for payment, or whether additional facts are necessary before payment can be made.

#### B. Cases Under Care in U.S. Public Health Service Facilities

In any city in which a U.S. Public Health Service facility is situated, the medical Officer in Charge will advise the county welfare department of the names of repatriates and evacuees now hospitalized or receiving care, with the request that the eligibility of these individuals be determined, and, if eligible, continued care authorized. Where any question arises, the county welfare department should consult with the field representative.

...the subject of maintenance ...

1. The first of these is the fact that the Government has not yet decided whether or not it will accept the offer of the United States to purchase the surplus stocks of the Government. This is a very important question, and one which will have a great influence on the future of the Government. It is also a question which will have a great influence on the future of the United States. The Government has not yet decided whether or not it will accept the offer of the United States to purchase the surplus stocks of the Government. This is a very important question, and one which will have a great influence on the future of the Government. It is also a question which will have a great influence on the future of the United States.

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1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is assigned to the case. The investigator must first determine the nature of the problem and the scope of the investigation. This is done by reviewing the available information and by conducting interviews with the relevant parties. The investigator must also determine the objectives of the investigation and the methods to be used. The next step is the collection of data. This is done by the investigator who is assigned to the case. The investigator must first determine the sources of data and the methods to be used. This is done by reviewing the available information and by conducting interviews with the relevant parties. The next step is the analysis of the data. This is done by the investigator who is assigned to the case. The investigator must first determine the methods to be used and the results to be expected. This is done by reviewing the available information and by conducting interviews with the relevant parties. The final step is the presentation of the results. This is done by the investigator who is assigned to the case. The investigator must first determine the methods to be used and the results to be expected. This is done by reviewing the available information and by conducting interviews with the relevant parties.



1. After determination of eligibility for continued medical care under the Civilian War Assistance program, authorization for such care should be prepared in duplicate (see form attached) and sent to the U.S. Public Health Service facility. Since one copy of the authorization will be submitted by the U. S. Public Health Service with the invoice to the Social Security Administration for payment, the authorization should contain the complete name and address of the agency approving the care.

## VI. Payment for Medical Care

### A. Care Received Outside of U.S. Public Health Service Facilities

#### 1. Between July 1 and August 15, 1946

For medical care received between July 1 and August 15, 1946, outside of U.S. Public Health Service facilities, bills should be transmitted to the District Director of the U.S. Public Health Service for payment as heretofore.

#### 2. Between August 16 and September 30, 1946

Payment should be made by the county welfare department for medical care received between August 16 and September 30, 1946, outside of U.S. Public Health Service facilities by those persons whose eligibility for such care has been established. Payment should be made by the county welfare department in the usual manner (either through the money payment or through payment to the vendor) using Civilian War Assistance funds. (See special provision concerning dental care.)

For medical care received during this period by those not found eligible under the current provisions of the Civilian War Assistance program, bills should be referred to the State Department of Social Welfare for forwarding to the Bureau of Public Assistance, Washington, D.C., for consideration. Complete information concerning the situation which led to a determination of ineligibility should be forwarded with the bill to the State Department of Social Welfare. Such information should include ages of repatriate or evacuee, size of the family, resources available, type of medical problem and estimated total cost of care, and the family's plan for self-support or rehabilitation.

#### 3. On and After October 1, 1946

Payment for medical, dental, or hospital care received outside of U.S. Public Health Service facilities on or after October 1, 1946, should be made by the county welfare department. In the absence of established rates for medical and dental care, rates comparable to fees allowed in the State under the State Workmen's Compensation program may be used. The U.S. Public Health Service has also offered to act in a consultative capacity, and any questions regarding the charges made may be forwarded to the State Department of Social Welfare and a decision will be obtained from the U.S. Public Health Service.

### B. Care Received in U.S. Public Health Service Facilities

#### 1. Between July 1 and August 15, 1946

Arrangements for payment of medical care received in U.S. Public Health Service facilities between July 1 and August 15, 1946, will be made by the U.S. Public Health Service.

2. Between August 16 and September 30, 1946

Payment will be made directly by the Social Security Administration to the U. S. Public Health Service for medical care received in U.S. Public Health Service facilities between August 16 and September 30, 1946, for those persons for whom eligibility for such care has been determined by the county welfare department. A copy of the county welfare department's authorization for such care must accompany the U.S. Public Health Service's invoice for payment.

3. On and After October 1, 1946

Payment will be made directly by the Social Security Administration to the U.S. Public Health Service for medical care received in U.S. Public Health Service facilities on and after October 1, 1946, for those persons found eligible for such care by the county welfare department. A copy of the county welfare department's authorization of such care must accompany the U.S. Public Health Service's invoice to the Social Security Administration for payment.

VII. Cases Ineligible for Further Medical Care

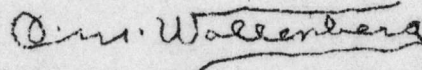
A. Sufficient Resources Available

In those cases where persons are found ineligible for continued medical care because they have sufficient resources to pay for their own care, the basis for their assuming responsibility for such care should be carefully explained to the patient and to his family. For those persons ineligible to receive further care in U.S. Public Health Service facilities, a plan should be made with the hospital and the patient to arrange for his transfer to another medical facility in the community.

B. Lack of Citizenship

In those cases where persons are found ineligible for continued medical care because of lack of citizenship, or other eligibility qualifications under the Civilian War Assistance program, an attempt should be made to work out a plan with relatives, friends, or other social agencies in the community whereby necessary medical care can be continued.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



R R RAL FOR MEDICAL CARE UNDER THE  
CIVILIAN WAR ASSISTANCE PROGRAM

Necessary medical, hospital and/or emergency dental care is hereby authorized under the Civilian War Assistance program for a period of 3 months.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street City State

\_\_\_\_\_  
Name of Worker Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

To be completed by Physician, Dentist or Hospital.

Please complete and return immediately to:

\_\_\_\_\_  
Name of Public Welfare Agency

\_\_\_\_\_  
Street

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State

Diagnosis \_\_\_\_\_

Nature and Extent of Treatment Necessary and Approximate Duration: \_\_\_\_\_

Cost of Treatment \$ \_\_\_\_\_

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Physician's Signature

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Address

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NOTE TO DENTIST: Only examination and emergency treatment to relieve pain or prevent spread of oral infection is included in this authorization. If further treatment is necessary, please submit to the agency listed above a detailed report of condition of teeth, indicating work necessary, and itemized estimate of cost of such work. If estimated cost is reasonable, you will be authorized by this agency to render treatment and will be instructed further regarding submission of bills.

MAIN OFFICE  
SACRAMENTO  
616 K STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

LOS ANGELES OFFICE  
WASHINGTON BLDG.  
311 SOUTH SPRING STREET

DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE  
DAVID HENES BLDG.  
995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR  
Sacramento  
October 16, 1946

7, 10, 103, 113, 114, 115, 116,  
120, 120.5

DEPARTMENT BULLETIN NO. 294 (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Medical Care Under the  
Civilian War Assistance  
Program

The following instructions have been received from the Social Security Administration and supersede Bulletin 287 (WS).

Responsibility for the Civilian War Assistance medical care program was transferred from the U.S. Public Health Service to the Social Security Administration as of October 1, 1946. Since determination of eligibility for medical care based on need will be made by county welfare departments, it is believed a more efficient administration will be accomplished if the welfare department assumes full responsibility for the medical care program.

Medical care includes physician's services, hospital care, dental care, as well as the furnishing of medications, eyeglasses and other prosthetic appliances, and other services recommended by the attending physician as necessary in the medical treatment plan.

In an effort to provide necessary medical care to repatriates as quickly as possible in their home community, the county welfare department will now be responsible for:

1. Determining eligibility for medical care;
2. Making necessary arrangements for securing such care; and
3. Paying for such care subject to reimbursement from Civilian War Assistance funds

The U.S. Public Health Service will continue to provide consultative services, especially at port cities, and their facilities can continue to be used where available. This plan is effective October 1, 1946.

I. Major Policy Changes

A. Temporary medical care, like other temporary assistance under the Civilian War Assistance program, is now limited to:

1. Citizen repatriates (Americans who have been interned or stranded and returned to the United States) or their children under 18. Where there are other persons who are essential to the care of repatriated citizens or their children under 18, the medical care needs of such persons required in the rendering of "essential care" may be included as a need of the eligible individuals.



2. Civilian evacuees without regard to citizen or person evacuated to the United States from the Philippines or Hawaii between December 7, 1941, and September 15, 1945, pending return to their former homes.
- B. Although temporary medical care had previously been available to all repatriates and evacuees without regard to need, medical care, like other kinds of temporary assistance, is now limited to those repatriates and evacuees who do not have resources to pay for their own medical care.
- C. Eligibility for temporary medical care does not require that the condition was present on arrival, or that application for medical care be made within 1 year after date of arrival. The previous U.S. Public Health Service requirements that application for medical care must be made within 1 year after arrival in this country, and that care can be provided for only those conditions present on arrival, no longer apply.
- D. After August 16, 1946, medical care will be both arranged for and paid for by the county welfare department. It will no longer be necessary to obtain advance authorization for medical or hospital care in individual cases from the District Director of the U.S. Public Health Service, nor for practitioners and hospitals to submit bills to him for payment. (See below for special provision regarding dental care.)

## II. Determination of Eligibility for Medical Care

In order to establish eligibility for medical care under the Civilian War Assistance program, it will now be necessary to determine both need and repatriate or evacuee status.

### A. Determination of Need

#### 1. At the Port City

In determining eligibility of repatriates for emergency medical care at the port of debarkation, only those resources which are immediately available should be considered.

#### 2. In the Community of Residence

If an evacuee or repatriate is receiving Civilian War Assistance, referral can be made for medical care without redetermination of eligibility.

If the applicant is not receiving Civilian War Assistance, need for medical care assistance should be determined, taking into consideration the type of illness, probable duration, and cost of care in relation to the resources available to the repatriate or evacuee. When there is any question of the medical need, consultation with the attending physician will be necessary in arriving at eligibility determination. Consideration should also be given only to those resources available to the repatriate or evacuee himself, with allowance of sufficient resources to assure the health and well-being of repatriates and evacuees and to facilitate their readjustment and return to self-support as quickly as possible. Resources made readily available by relatives should be considered, but since many repatriates and evacuees have been separated from their families for some time, in general,

1. The first part of the report deals with the general situation of the country and the progress of the work during the year. It is divided into two main sections: the first section deals with the general situation and the second section deals with the progress of the work.

2. The second part of the report deals with the results of the work during the year. It is divided into two main sections: the first section deals with the results of the work in the field and the second section deals with the results of the work in the laboratory.

3. The third part of the report deals with the conclusions of the work during the year. It is divided into two main sections: the first section deals with the conclusions of the work in the field and the second section deals with the conclusions of the work in the laboratory.

4. The fourth part of the report deals with the recommendations of the work during the year. It is divided into two main sections: the first section deals with the recommendations of the work in the field and the second section deals with the recommendations of the work in the laboratory.

5. The fifth part of the report deals with the summary of the work during the year. It is divided into two main sections: the first section deals with the summary of the work in the field and the second section deals with the summary of the work in the laboratory.



undue pressure should not be used in attempting to induce relatives to assume financial responsibility for medical care. On the other hand, income above that needed for general maintenance expenses (at a level allowing for rehabilitation) should be considered, even though it may be necessary for small amounts to be applied to a medical bill over a reasonable period of time.

Any difficult or borderline case should be referred to the field representative for consultation on eligibility for medical care.

## B. Establishment of Repatriate or Evacuee Status

### 1. Repatriate Status

Since citizenship must be determined for the repatriate group, the repatriate's passport or the ship's passenger list, usually available in port cities, can be used to provide the necessary verification. However, if the repatriate does not have his passport, and has no other means of verifying his citizenship, and if passenger lists are not available, send to the State Department of Social Welfare as much identifying information as possible and we will attempt to obtain citizenship information through the Social Security Administration from the Passport Division of the Department of State.

### 2. Evacuee Status

The evacuee himself will usually be able to furnish the necessary information to establish evacuee status by citing the approximate dates and places of departure and arrival, ports of departure and entry, name of ship or transportation used (i.e., airplane, submarine, etc.) or by providing other information concerning his former home in Hawaii or the Philippines during this period. The evacuee may be able to establish his status by producing some type of identification given by the Army during evacuation, such as a mimeographed statement of authorization for evacuation, food card while on board ship, baggage ticket, space assignment tag, or copy of affidavit submitted before evacuation, or by producing some type of identification given on arrival in this country. If the above possibilities prove unsuccessful, a wire may be sent to the welfare agency at the port of debarkation, if Civilian War Assistance was received on arrival in this country, to establish evacuee status.

## III. Referral for Medical Care

Beginning October 1, 1946, all medical, dental, and hospital care for repatriates and evacuees shall be authorized by the county welfare department by completing two copies of the attached form and sending the forms to the medical care vendor. The medical care vendor shall be instructed to complete the forms and return one copy at once to the county welfare department. Medical care vendors should be instructed by the county to submit bills at the end of each month. Bills submitted should show the date on which each service was rendered, the cost of each item of services or supplies, and the total cost. Hospital bills must show the date of admission and the date of discharge, the number of days for which charge is being made, and an itemization of the cost of drugs, supplies or other services rendered. Counties will make available to the recipient subject to reimbursement from Civilian War Assistance funds, the drugs, supplies or services which are necessary in connection with the treatment as determined by the physician.

Further, payments out of Civilian War Assistance funds shall be only for items necessary to accomplish the treatment as prescribed by the physician who has been authorized to treat the case.

Pharmacies should be instructed to itemize the drugs furnished the repatriate, the dates supplied and the unit costs. Except for emergencies, referral for medical care should be made after eligibility for such care has been established.

#### A. Medical and Hospital Care

##### 1. Use of Other Than U.S. Public Health Service Facilities

Arrangements for medical and hospital care in other than U.S. Public Health Service facilities should be made in the manner usually arranged through the county welfare department.

##### 2. Use of U.S. Public Health Service Facilities

U.S. Public Health Service marine hospitals and second-class medical relief stations (out-patient treatment only) will continue to be available for admission of persons eligible for care and treatment under the Civilian War Assistance program. Authorization for such medical care must be made to the Medical Officer in Charge prior to the acceptance of the patient. The authorization form should be submitted in duplicate. (Form attached can be used for this purpose.)

#### B. Dental Care

Except for the emergency relief of pain, an estimate of all dental work should be secured in advance and approved by the county welfare department before authorization for dental care is made. While extensive dental care may be needed because of lack of such care for several years while in internment, in authorizing dental care consideration should be given to the individual's potential resources from future employment and his ability to pay for his own dental care in installments over a reasonable period of time. Where estimates for dental care seem unjustifiably large, upon referral by the county the State Department of Social Welfare will obtain the advice of the U.S. Public Health Service prior to authorization of such expenditure.

#### IV. Burials

Burial costs formerly paid by the U.S. Public Health Service may now be met through Civilian War Assistance funds. Burial costs not to exceed \$100 may be authorized and paid for by the county. Additional expenditures in connection with burial, such as transportation of corpses and transportation of attendants, may be authorized when indicated.

#### V. Transfer of Medical Care Cases as of October 1, 1946

##### A. Cases Under Care Outside of U.S. Public Health Service Facilities

All cases now receiving medical care outside of U.S. Public Health Service facilities should be reviewed for their continued eligibility for such care under the current provisions of the Civilian War Assistance program, with special reference to citizenship and lack of resources to



1. The first part of the report deals with the general situation of the country and the progress of the work during the year.

2. The second part of the report deals with the results of the work during the year.

3. The third part of the report deals with the financial statement.

The results of the work during the year have been very satisfactory. The financial statement shows a surplus of funds, which is a very good result. The work has been carried out in accordance with the plan and the results are very good.

4. The fourth part of the report deals with the conclusions.

The conclusions of the report are that the work has been carried out in accordance with the plan and the results are very good. The financial statement shows a surplus of funds, which is a very good result. The work has been carried out in accordance with the plan and the results are very good.

5. The fifth part of the report deals with the recommendations.

The recommendations of the report are that the work should be continued in the same way and that the financial statement should be kept under review. The work should be continued in the same way and the financial statement should be kept under review.

6. The sixth part of the report deals with the summary.

The summary of the report is that the work has been carried out in accordance with the plan and the results are very good. The financial statement shows a surplus of funds, which is a very good result.

7. The seventh part of the report deals with the appendix.

The appendix of the report contains the following information:

The appendix of the report contains the following information: The first part of the appendix deals with the general situation of the country and the progress of the work during the year. The second part of the appendix deals with the results of the work during the year. The third part of the appendix deals with the financial statement. The fourth part of the appendix deals with the conclusions. The fifth part of the appendix deals with the recommendations. The sixth part of the appendix deals with the summary. The seventh part of the appendix deals with the appendix.

meet costs of medical care. For those who continue to be eligible for medical care, arrangements should be made by the county welfare department for payment for such care subject to reimbursement from Civilian War Assistance funds.

All cases now receiving medical care outside of U.S. Public Health Service facilities will be referred by the State Department of Social Welfare to county welfare departments for determination of continued eligibility for such care under the current provisions of the Civilian War Assistance program, with special reference to citizenship and lack of resources to meet costs of medical care. For those who continue to be eligible for medical care, the county welfare department shall send to the medical vendor two copies of the attached form - Referral for Medical Care, and arrangements should be made for payment out of Civilian War Assistance funds for care rendered subsequent to August 16, 1946. Since the U.S. Public Health Service was not notified until August 16, 1946, of the change in policy providing the granting of medical care on a needs basis, payment for care up to that date will be met by the U.S. Public Health Service without a determination of eligibility by the county welfare department.

Inasmuch as physicians and other medical agencies are not as yet aware of the transfer of the medical care program, many vendors have submitted claims for care subsequent to August 16, 1946, to the U.S. Public Health Service. These claims will be referred to county welfare departments, and when eligibility for care is determined, the counties will pay for such care out of Civilian War Assistance funds. In other instances, the U.S. Public Health Service has received claims for services rendered both before and after August 16, and has requested medical vendors to divide such claims, submitting to the county welfare departments a statement covering services rendered subsequent to August 16.

U.S. Public Health Service records, invoices, and correspondence pertaining to all cases which have received care on and after August 16, 1946, will be turned over to the State Department of Social Welfare. A brief summary of the record indicating outstanding bills and other pertinent data will be sent to the county welfare departments for a determination of eligibility and payment for the care rendered after August 16. The War Services Unit will make available information concerning payments made by the U.S. Public Health Service for care prior to August 16 when requested by the county. U.S. Public Health Service records will show whether claims for care prior to August 16 have been submitted for payment, or whether additional facts are necessary before payment can be made.

#### B. Cases Under Care in U.S. Public Health Service Facilities

In any city in which a U.S. Public Health Service facility is situated, the medical Officer in Charge will advise the county welfare department of the names of repatriates and evacuees now hospitalized or receiving care, with the request that the eligibility of these individuals be determined, and, if eligible, continued care authorized. Where any question arises, the county welfare department should consult with the field representative.



1. After determination of eligibility for continued medical care under the Civilian War Assistance program, authorization for such care should be prepared in duplicate (see form attached) and sent to the U.S. Public Health Service facility. Since one copy of the authorization will be submitted by the U. S. Public Health Service with the invoice to the Social Security Administration for payment, the authorization should contain the complete name and address of the agency approving the care.

## VI. Payment for Medical Care

### A. Care Received Outside of U.S. Public Health Service Facilities

#### 1. Between July 1 and August 15, 1946

For medical care received between July 1 and August 15, 1946, outside of U.S. Public Health Service facilities, bills should be transmitted to the District Director of the U.S. Public Health Service for payment as heretofore.

#### 2. Between August 16 and September 30, 1946

Payment should be made by the county welfare department for medical care received between August 16 and September 30, 1946, outside of U.S. Public Health Service facilities by those persons whose eligibility for such care has been established. Payment should be made by the county welfare department in the usual manner (either through the money payment or through payment to the vendor) using Civilian War Assistance funds. (See special provision concerning dental care.)

For medical care received during this period by those not found eligible under the current provisions of the Civilian War Assistance program, bills should be referred to the State Department of Social Welfare for forwarding to the Bureau of Public Assistance, Washington, D.C., for consideration. Complete information concerning the situation which led to a determination of ineligibility should be forwarded with the bill to the State Department of Social Welfare. Such information should include ages of repatriate or evacuee, size of the family, resources available, type of medical problem and estimated total cost of care, and the family's plan for self-support or rehabilitation.

#### 3. On and After October 1, 1946

Payment for medical, dental, or hospital care received outside of U.S. Public Health Service facilities on or after October 1, 1946, should be made by the county welfare department. In the absence of established rates for medical and dental care, rates comparable to fees allowed in the State under the State Workmen's Compensation program may be used. The U.S. Public Health Service has also offered to act in a consultative capacity, and any questions regarding the charges made may be forwarded to the State Department of Social Welfare and a decision will be obtained from the U.S. Public Health Service.

### B. Care Received in U.S. Public Health Service Facilities

#### 1. Between July 1 and August 15, 1946

Arrangements for payment of medical care received in U.S. Public Health Service facilities between July 1 and August 15, 1946, will be made by the U.S. Public Health Service.

... ..

... ..



2. Between August 16 and September 30, 1946

Payment will be made directly by the Social Security Administration to the U. S. Public Health Service for medical care received in U.S. Public Health Service facilities between August 16 and September 30, 1946, for those persons for whom eligibility for such care has been determined by the county welfare department. A copy of the county welfare department's authorization for such care must accompany the U.S. Public Health Service's invoice for payment.

3. On and After October 1, 1946

Payment will be made directly by the Social Security Administration to the U.S. Public Health Service for medical care received in U.S. Public Health Service facilities on and after October 1, 1946, for those persons found eligible for such care by the county welfare department. A copy of the county welfare department's authorization of such care must accompany the U.S. Public Health Service's invoice to the Social Security Administration for payment.

VII. Cases Ineligible for Further Medical Care

A. Sufficient Resources Available

In those cases where persons are found ineligible for continued medical care because they have sufficient resources to pay for their own care, the basis for their assuming responsibility for such care should be carefully explained to the patient and to his family. For those persons ineligible to receive further care in U.S. Public Health Service facilities, a plan should be made with the hospital and the patient to arrange for his transfer to another medical facility in the community.

B. Lack of Citizenship

In those cases where persons are found ineligible for continued medical care because of lack of citizenship, or other eligibility qualifications under the Civilian War Assistance program, an attempt should be made to work out a plan with relatives, friends, or other social agencies in the community whereby necessary medical care can be continued.

Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

ERRAL FOR MEDICAL CARE UNDER T  
IVILIAN WAR ASSISTANCE PROGRAM

Necessary medical, hospital and/or emergency dental care is hereby authorized under the Civilian War Assistance program for a period of 3 months.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street City State

\_\_\_\_\_  
Name of Worker Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

To be completed by Physician, Dentist or Hospital.

Please complete and return immediately to:

\_\_\_\_\_  
Name of Public Welfare Agency

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

Diagnosis \_\_\_\_\_

Nature and Extent of Treatment Necessary and Approximate Duration: \_\_\_\_\_

Cost of Treatment \$ \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

NOTE TO DENTIST: Only examination and emergency treatment to relieve pain or prevent spread of oral infection is included in this authorization. If further treatment is necessary, please submit to the agency listed above a detailed report of condition of teeth, indicating work necessary, and itemized estimate of cost of such work. If estimated cost is reasonable, you will be authorized by this agency to render treatment and will be instructed further regarding submission of bills.



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SACRAMENTO  
616 K STREET  
(14)

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET  
(13)

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET  
(3)

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento 14  
October 28, 1946

### SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN  
1680 NORTH VINE STREET  
LOS ANGELES

MRS. BERNICE H. CHIPMAN  
1100 UNION STREET  
SAN FRANCISCO

JOHN C. CUNEO  
922 J STREET  
MODESTO

GERALD C. KEPPLER  
135 NORTH BRIGHT AVENUE  
WHITTIER

REV. THOMAS H. MARKHAM  
409 NATIVE SONS' BUILDING  
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JOHN T. MARTIN  
1170 SEVENTH AVENUE  
SAN DIEGO

MRS. JESSIE S. WILLIAMSON  
2816 OAK KNOLL TERRACE  
BERKELEY

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:

My dear Mr. Jordan:

At the meeting of the Social Welfare Board on October 25, 1946, it was moved, seconded and carried that the Social Welfare Board adopt a revised OAS budget with instructions that same be placed in effect as soon as administratively possible, but not later than January 1, 1947.

The State Department of Social Welfare issued this information on October 25, 1946, in Department Bulletin No. 274 Revised (OAS). Attached are three copies of this regulation.

These regulations are filed in accordance with Section 11381 of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

63:b5  
Attachment

RECEIVED  
SACRAMENTO, CALIF.

1946 OCT 31 AM 8 58

FRANK M. JORDAN  
SECRETARY OF STATE  
STATE OF CALIFORNIA

Certified as a Regulation (or as  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Chas. H. H. H.  
(Signature)

Director  
(Title)

10/28/46

(Date)



MAIN OFFICE  
SACRAMENTO  
616 K STREET

— EARL WARREN  
GOVERNOR

70810 2020,2140

STATE OF CALIFORNIA

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DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 25, 1946

DEPARTMENT BULLETIN NO. 274 REVISED (OAS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Old Age Security --  
Budget Schedule

The Social Welfare Board on October 25, 1946, adopted a revised budget schedule as shown below:

|  |                |  |
|--|----------------|--|
| Food   | \$23.20        | (Increase 75% to \$40.60 if all meals purchased in restaurants.) |
| Housing, as paid, for example                                  | 20.00          |  |
| Utilities, as paid, or the following minima:                   |                |  |
| Electricity  | 1.20           |  |
| Gas  | 1.85           |  |
| Water  | 1.40           |  |
| Garbage Removal  | .50            |  |
| Other, for example, heat                                       | 3.15           |  |
| Household Operation  | 4.10           |  |
| Clothing   | 6.40           |  |
| Incidentals & Personal Needs                                   | 10.00          |  |
| Transportation   | 3.00           |  |
| Other needs, such as medical care in the amount of actual cost | --             |  |
|  | <u>\$74.80</u> |  |

The revised budget shall be substituted for the Budget Schedule appearing in the Manual of Policies and Procedures, Sec. 155-25, and appropriate revision to that section will follow in the near future.

The revised budget schedule shall become effective as soon as possible, but not later than January 1, 1947.

Very sincerely yours,

*C. M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

Certified as a Regulation (or as  
Regulations) of th

Dept of Soc. Welfare  
(Name of State Agency)

Charles M. Wollenberg  
(Signature) 18-11-16

Director  
(Title)

11/1/16  
(Date)



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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
November 1, 1946

1297

MANUAL LETTER NO. 97

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers are listed for the chapters as follows:

|                       |                        |
|-----------------------|------------------------|
| Continuing Services   | Revisions 143 thru 164 |
| Statistical Procedure | Revisions 59 thru 62   |

These revisions were approved by the Social Welfare Board on September 26, 1946.

|                      |                      |
|----------------------|----------------------|
| Income               | Revisions 46 thru 49 |
| Relatives            | Revision 31          |
| Financial Procedures | Revision 196         |

These revisions were approved by the Social Welfare Board on October 24, 1946.

The changes in the Continuing Services chapter, Secs. 362-42, 362-46, and 363-12 are new sections giving instructions for section III of the Notice of Change form for OAS, ANB, APSB and ANC. Secs. 362-40, 362-45 and 363-10 contain revised instructions for section II of the Notice of Change form for OAS, ANB, APSB and ANC. These changes are necessitated by new reporting requirements of the Social Security Administration with respect to discontinuances. The revised notice of change and instructions must be used in reporting all changes on which board action is taken after December 31, 1946. This means that some reports of changes prepared during December but on which board action is not taken until January will have to be made on the new forms and in accordance with the new instructions. If the available supply of the old Notice of Change form is exhausted the revised form may be used to report changes (except discontinuances), having board action prior to January 1, 1947.

Revised reproductions of forms 232 Ag, B1 and CA are to be inserted in Sec. 365-99 to replace the mimeographed reproductions of these forms. Printed forms 237 Ag, B1, CA and GR are to be inserted in Sec. 569-99 also to replace mimeographed pages. There are no changes in forms 237 Ag, B1, CA and GR.

Sec. 153-80, Allocation of Income to Spouse, of the Income chapter has been retitled and reworded to place in one section a complete statement of policy on the subject of division of income with the spouse in OAS, ANB and APSB. It represents no change in policy.

Sec. 172-00, Investigation of Responsible Relatives Within State, of the chapter on Relatives contains a clarification in the statement on the division of the earnings of the ineligible spouse.

Sec. 610-30 of the Financial Procedures chapter contains an additional paragraph emphasizing that the board of supervisors has the sole power for directing disbursement of funds from the county treasury.

152-60 OFFER OF SUPPORT AS INCOME  
OAS, ANB, A PSB

152-60

A mere offer of a contribution for support by a responsible relative or anyone else is not in itself sufficient to render a recipient ineligible. Only contributions for full or partial support which are actually received or unconditional offers of cash shall be considered as income.

The following statements apply to all offers in kind from any source and to all conditional offers of cash in either of which the applicant or recipient does not have a property right. If the cash offer is dependent upon fulfillment of a certain condition or upon refraining from a particular act, e.g., living or not living in a certain place, upon refusal of the offer by the applicant or recipient, he shall be granted aid, if otherwise eligible. (W&IC 2140, 3049, 3075, 3449, 3460; AGO NS1040, NS2300; 20 Cal(2) 870)

When the applicant has a property right, i.e., insurance, OASI, stocks, bonds, court order for support, life care contract, or other resource which he owns or in which he has an interest, the benefits accruing from such property are income. (SEE SEC. 152-20, INCOME FROM PERSONAL PROPERTY.) (W&IC 2020, 2140, 2160.5, 3075, 3084, 3460, 3472)

152-75 INCOME TO FAMILY BUDGET UNIT FROM MINORS OR ADULTS WHO ARE  
LIVING IN THE HOUSEHOLD  
ANC

152-75

The budgeting rules and policies relating to income from minors will be found in the following subdivisions of Sec. 158-10, Determination of Need and the Amount of Grant for Children in Family Groups:

1. Income from earnings of unemancipated minor (see Sec. 158-10, Item I, E, 8).
2. Income from contribution of emancipated minor or adult child (see Sec. 158-10, Item I, E, 9).

The budgeting rules and policies relating to earnings and contributions of adults living in the household will be found in the following subdivisions of Sec. 158-10, Determination of Need and the Amount of Grant for Children in Family Groups:

1. Income from earnings of parent living in the home (see Sec. 158-10, Item I, E, 7).
2. Income from members of household not included in the family budget unit (see Sec. 158-10, Item I, E, 10). (W&IC 1560)



152-40 LOANS AS INCOME  
OAS, ANB, APSB, ANC

152-40

A bona fide loan contracted by a recipient carries with it the obligation for repayment and hence cannot be considered as making available to the recipient any net or factual amount of income. (See Glossary, Loan.) The funds derived as a result of a bona fide loan, as distinguished from a gift, are equalized by the corresponding indebtedness incurred. The proceeds of such loans shall not be considered income to the recipient when they emanate from non-responsible relatives, friends, persons or agencies, including fraternal, benevolent and non-profit organizations, or, in OAS, private institutions on whom there rests no legal obligation for support. (W&IC 1511, 1560, 2020, 2140, 3075, 3084, 3460, 3472)

Loans from a responsible relative may be considered as income because of the legal responsibilities of the relative, provided the responsible relative has the pecuniary ability to contribute the amount of the loan. The loan shall not be considered income when the relative has not such pecuniary ability and the loan must be repaid. (W&IC 1560, 2140, 2181, 2224, 3075, 3088, 3460, 3473)

In OAS personal property holdings, in ANB and APSB real and personal property holdings, and in ANC cash and security holdings shall be re-evaluated on the first of the month following the receipt of a loan to determine whether such holdings are within the maximum permitted for the particular category of aid. (W&IC 1521, 1560, 2140, 2163, 2164, 2165, 3047, 3075, 3447, 3460)

152-50 CONTRIBUTIONS FROM LEGALLY RESPONSIBLE RELATIVES AS INCOME  
OAS, ANB, APSB

152-50

The amount of contributions received from legally responsible relatives in cash, the value of items of support given in kind, i.e., room, board, clothing, etc., and payments made by responsible relatives on behalf of the recipient and for which the recipient is responsible, i.e., mortgage payments on the recipient's real property, etc., represent income. In APSB the value of such income is subject to the \$800 yearly exemption. (See SEC. 361-15, ADJUSTMENT IN AMOUNT OF GRANT IN APSB.) Exception: Premiums paid by another on the recipient's life insurance shall not be considered income. (See SEC. 152-60, OFFER OF SUPPORT AS INCOME)

The spouse of a recipient may apply to his or her own support and the support of his minor children such of his income from current earnings, or resulting from past employment (civil and military pensions, OASI, or regular payments received because of industrial or unemployment compensation, etc.), as is necessary before applying the remainder, if any, to the support of the recipient. (See SECS. 172-00 AND 172-05, INVESTIGATION OF RESPONSIBLE RELATIVES WITHIN STATE, 151-65, INCOME FROM SERVICEMEN'S DEPENDENTS ALLOWANCE ACT, AND 153-80, DIVISION OF INCOME WITH SPOUSE.)

There shall be no arbitrary division of earnings of minor children. The method of determining the amount of the earnings of the minor child to be used in a household in supplementing or in any way determining the amount of aid to be granted shall be based upon the emancipation of such minor. (See SEC. 171-40, RIGHTS AND PRIVILEGES OF PARENTS OF MINOR CHILDREN) (W&IC 2003, 2020, 2140, 2142.5, 2163, 2181.01, 2224, 3047, 3075, 3084, 3088, 3447, 3460, 3474)

153-80 (Continued)

153-80

When a male recipient is receiving OASI benefits, the apportionment to his wife shall not continue after she has reached the age of 65, at which time she becomes eligible by virtue of her husband's "primary benefit" to payments in her own right, provided:

1. She is the mother of a child of the recipient, or
2. She was married to the recipient prior to January 1, 1939, or if later, prior to the date upon which he attained the age of sixty.

If the wife does not qualify for benefits as provided above, the husband may continue to apportion up to one-half of his benefits to her.

When an ineligible spouse has community income from current earnings, or resulting from past employment (civil and military pensions, OASI, or regular payments received because of industrial or unemployment compensation laws etc.), he may retain an amount of such community income sufficient for the support of himself and/or minor children. After allowance is made for the needs of the ineligible spouse and minor children, the balance shall be allocated to the recipient. However, if the needs of the ineligible spouse and minor children amount to less than one-half of the net income, one-half of such income shall be allocated to the recipient.

When a serviceman's allowance is received by either of a couple, the ineligible spouse (unless otherwise stipulated by the serviceman) may be allotted as much thereof as is necessary for his own support. (SEE SECS. 151-65, INCOME FROM SERVICEMEN'S DEPENDENTS ALLOWANCE ACT, 151-95, INCOME FROM AGRICULTURAL LABOR, AND 151-30, DEFINITION OF EXEMPT INCOME IN APSB.)

(AGO NS5164, 5187; W&IC 2003, 2020, 2140, 2142.5, 3075, 3084, 3460, 3472)



153-70 INCOME FROM PRIVATE AGENCIES OR OTHER SOURCES  
OAS, ANB, APSB, ANC

153-70

Income currently received from a private social agency or other source such as a fraternal or benevolent association or service club shall be verified prior to the granting of aid. The extent of future participation in the support of the applicant or recipient or the date when the present income will terminate shall be verified. (SEE SEC. 233-25, VERIFICATION OF INCOME.) Determination shall be made as to whether the income is regular fixed income or in ANC, small intermittent income, or in OAS, ANB and APSB, casual and inconsequential income. (W&IC 1560, 2140, 3044.5, 3075, 3460)

153-80 DIVISION OF INCOME WITH SPOUSE  
OAS, ANB, APSB

153-80

The proper division of income with a spouse is subject to the following considerations:

First: Is the income separate or community? (SEE SECs. 152-00, 172-00)

Second: Is the income derived from earnings (either present or past) or from property (either real or personal)? (SEE SECs. 152-00, 152-20, 172-00)

Third: When the income is derived from earnings (present or past) is it due to the work of the recipient or of the ineligible spouse? (SEE SEC. 152-50)

When the recipient has community income from current earnings, or resulting from past employment (civil and military pensions, OASI, or regular payments received because of industrial or unemployment compensation laws, etc.), he may allocate to his spouse a portion of such income. The amount allocated shall not exceed one-half of the income, and it shall not exceed a reasonable amount necessary for the support of the spouse, as determined by investigation in each individual case. No allocation of such income may be made for the support of minor children. In APSB, no allocation shall be made to the spouse until the recipient has had his full maximum of \$800 (yearly) exempt income. (SEE SEC. 157-15, METHOD FOR DETERMINING AMOUNT OF GRANT IN APSB)

(Section Continued on Next Page)

172-00 (Continued)

172-00

Allowances for parents, brothers, sisters and grandchildren of servicemen are entirely voluntary and may be terminated at any time by the serviceman. (SEE SECS. 460-10, DEPENDENTS ELIGIBLE UNDER SERVICEMEN'S DEPENDENTS ALLOWANCE ACT, AND 460-50, TERMINATION OF FAMILY ALLOWANCES.) Applicants and recipients shall not be required to request such allotments as a condition to the granting of aid. (W&IC 2140; SDAA)

If the person receiving aid has within the state a spouse or adult child pecuniarily able to support said person but who is not supporting or contributing to the extent of his ability as determined by the Relatives' Contribution Scale (or the lesser amount which the board of supervisors deems justifiable in unusual cases), the county shall request the district attorney or other civil legal officer of the county granting aid to proceed against such kindred in the order of their responsibility to support. Upon such demand, the district attorney or other legal officer shall on behalf of the county maintain an action in the superior court of the county granting aid against the relative. Such action shall be for the purpose of recovering such portion of the aid granted as the relative is able to pay and to secure an order requiring the payment of any sums which may become due in the future for which the relative may be liable. (W&IC 2224)

See Secs. 152-50, Contributions from Legally Responsible Relatives as Income, and 152-60, Offer of Support as Income.



172-00 (Continued)

172-00

When an ineligible spouse has community income from current earnings, or resulting from past employment (civil and military pensions, OASI, or regular payments received because of industrial or unemployment compensation laws, etc.), he may retain an amount of such community income sufficient for the support of himself and/or minor children. If the needs of the ineligible spouse and minor children amount to more than one-half of the net income, an amount sufficient to meet these needs shall be retained and the balance allocated to the recipient. If the needs of the ineligible spouse and minor children amount to less than one-half of the net income, he shall still retain one-half and the balance shall be allocated to the recipient.

An adult child's maximum liability for two living parents is the same as for one parent. The degree of legal responsibility for which recovery action may be initiated for an adult child living in the home of the applicant or recipient shall be measured according to the scale in the same manner as though he were not in the home. Payment of room and board by an adult child does not alter his degree of legal responsibility as this represents an item of expense which must be met regardless of where the child lives.

A married daughter shall not be required to make contributions unless she has income constituting her separate property. When the responsible relative is a married daughter and there is no agreement between the couple whereby the wife is permitted to retain her earnings as her separate property, the earnings of the wife represent the income of the husband since they are under his management and control. Under these circumstances the daughter's degree of liability is removed and she is considered a dependent of her husband. Thus when the responsible relative is a married daughter and the only income is community income of the couple, the daughter's degree of liability is removed. (AGO NS863; W&IC 2140, 2181, 2224)

(Section Continued on Next Page)

362-00 GENERAL INSTRUCTIONS, NOTICE OF CHANGE  
OAS, ANB, APSB

362-00

The Notice of Change (Form Ag, Bl 232), except as it provides for identifying information, is divided into sections, which are designated as Sections I, II, III, IV, and V.

Section I is used to report information regarding:

1. Type of change affecting the individual recipient. This includes decrease, increase, restoration or discontinuance of the individual's grant, and a change in the individual's need and/or income although such change requires no grant adjustment. On Bl 232, transfer from ANB to APSB or vice versa is reported in this section. (SEE SEC. 362-20, REPORTING TRANSFER FROM ANB TO APSB OR VICE VERSA ON NOTICE OF CHANGE, SECTION I.)
2. Reason for change.  
See Sec. 362-30, Reporting Reason for Change on Notice of Change. The reason for discontinuance of aid to the individual is not recorded here but shall be shown in Section II of Form Ag, Bl 232. Instructions for completion of Section II of the Notice of Change are given in Sec. 362-40 for OAS and 362-45 for ANB and APSB.

Section IV is used to request payment to the county for hospital or infirmary care rendered to former recipients, and to request that such payment to the county be discontinued. (SEE SEC. 362-48, REPORTING PAYMENT TO COUNTY FOR INSTITUTIONAL CARE ON NOTICE OF CHANGE, SECTION IV)

Section V is used to report action of the board of supervisors. (W&IC 2140, 3075, 3460)

362-05 INSTRUCTIONS FOR RECORDING ON NOTICE OF CHANGE, SECTION I  
OAS, ANB, APSB

362-05

DECREASE, INCREASE, OR RESTORATION:

Column 1. The type of action is indicated by completing the information called for in the vertical columnar headings (2, 3, 4, etc.) in the space provided opposite "Decrease", "Increase", "Restoration", etc.

Column 2. Enter the date from which the change is effective, e.g., 8/1/45. When retroactive aid is paid as provided in Sec. 361-25, Retroactive Aid Payments by County, the month for which the retroactive payment was made should be entered in Column 2.

Column 3. Enter the monthly rate of aid granted from the effective date shown in Column 2. (When aid is restored effective from a day subsequent to the first day of the month, the monthly rate rather than the prorated amount shall be entered.)

When retroactive aid is paid as provided in Sec. 361-25, Retroactive Aid Payments by County, enter the monthly rate of aid granted from the effective date shown in Column 2.

(Section Continued on Next Page)



361-90 NOTIFICATION TO SDSW OF CHANGE IN GRANT  
OAS, ANB, APSB, ANC

361-90

The Notice of Change (Form Ag, Bl, CA 232) shall be forwarded to the SDSW as soon as possible but not later than 15 days after board of supervisor's action. The SDSW considers claims on the basis of information at hand at the time claims are audited and approved for payment. Delay in submission of Form Ag, Bl, CA 232 may result in loss of Federal and State participation.

A separate Form Ag, Bl, CA 232 shall be used for each case. The following chart shows the number of copies to be submitted. (W&IC 1560, 2140, 3075, 3085, 3460)

| NUMBER OF COPIES OF NOTICE OF CHANGE (FORM AG, BL, CA 232) SENT TO SDSW          |                  |     |      |     |
|--|------------------|-----|------|-----|
| Type of Change   | Number of Copies |     |      |     |
|  | OAS              | ANB | APSB | ANC |
| Discontinuances  | 2                | 2   | 2    | 2   |
| Restorations   | 2                | 2   | 2    | 2   |
| Increases  | 1                | 1   | 1    | 1   |
| Decreases  | 1                | 1   | 1    | 1   |
| Changes in need or income, no change in grant<br>(See Sec. 362-25)               | 1                | 1   | -    | -   |
| Payment to county for institutional care<br>(See Sec. 362-48)                    | 2                | 2   | -    | -   |
| Transfer from ANB to APSB or vice versa<br>(See Sec. 362-20)                     | -                | 2   | 2    | -   |
| Change of Payee (See Sec. 363-20)  | -                | -   | -    | 2   |
| Cancellation of Warrants under Special<br>Suspension Procedure (See Sec. 361-30) | 2                | 2   | 2    | 2   |
| Change in School Status* (See Sec. 235-20)                                       | -                | -   | -    | 1   |
| Change in name of recipient*<br>(See Sec. 362-30)                                | 1                | 1   | 1    | -   |
| Change of guardianship status*<br>(See Sec. 230-60)                              | 1                | 1   | 1    | -   |

\*Action of board of supervisors on Notice of Change is not necessary.

362-05 (Continued)

362-05

One Form Ag, B1 232 may be used to report two actions of the board of supervisors on the same case provided both actions occur on the same day.

EXAMPLE: IN ANB AID IS INCREASED ON OCT. 15, EFFECTIVE NOV. 1, DUE TO VERIFIED NEED IN EXCESS OF \$60. ON THE SAME DATE, THE BOARD OF SUPERVISORS DECREASES AID EFFECTIVE DEC. 1, AS THE EXCESS NEED EXISTS FOR ONLY ONE MONTH.

When one Form Ag, B1 232 is used to report two actions, the information reported in Columns 5 and 7 should refer to the first action. Report the necessary information to explain the second action under "Reason for Change."

If aid is restored following release from the county hospital or infirmary, restoration action of the board of supervisors is reported opposite "Restoration".

In CAS and ANB discontinuance of payment to the county for hospital or infirmary care and the restoration of aid may be reported on the same Form Ag, B1 232 unless there is a delay in the restoration of aid to the former recipient, in which case separate forms are necessary. There shall be no overlapping of payment to the county for institutional care and payment of aid to the individual. (SEE SEC. 215-00, RESTORATION OF AID.) (W&IC 2140, 3075, 3460)

362-20 REPORTING TRANSFER FROM ANB TO APSB OR VICE VERSA ON  
NOTICE OF CHANGE, SECTION I  
ANB, APSB

362-20

Column 1. Indicate by check whether recipient is being transferred from ANB to APSB or from APSB to ANB.

Column 2. Enter the beginning date of aid under the program to which the recipient is being transferred.

Columns 3, 4, 5, 6, and 7. See Sec. 362-05, Instructions for Recording on Notice of Change, Sec. I.

Discontinuance of aid under the program from which the recipient is being transferred should be reported in Section II, Item C-17. (SEE SECS. 351-57, TRANSFER PROCEDURE FROM ANB TO APSB OR VICE VERSA, AND 362-45, DISCONTINUANCE OF PAYMENT, SECTION II OF THE NOTICE OF CHANGE) (W&IC 3075, 3460)



362-05 (Continued)

362-05

- Column 4. Enter the total of all income received other than the OAS, ANB, or APSB grant. (When need in excess of \$55 in OAS or \$60 in ANB has not been established, the sum of Column 3 and Column 4 shall total \$55 in OAS and \$60 in ANB. The total may not exceed or be less than these amounts.)
- Column 5. Enter sources from which income other than OAS, ANB, or APSB is received and amount received from each; e.g., son, John, contributes \$5.00 a month. The total of amounts of income from individual sources, as shown in Column 5, should agree with the figure entered in Column 4.
- Column 6. No entry is made unless the total verified need exceeds \$55 a month in OAS or \$60 in ANB in which case the total need per month is reported here; e.g., if the total need of the recipient is established as being \$65 a month this amount is entered in Column 6.
- Column 7. Except when, in OAS, total need is established on a budgetary basis, report in OAS and ANB the nature and total cost of each item which causes the total need to exceed the basic grant, and the method of verification, e.g., new roof \$80; payments \$8.00 a month. Verified by contractor. When in OAS total need is established by use of the budgetary method, enter "Form Ag 241 on file".

Transfer from ANB to APSB or from APSB to ANB:

See Sec. 362-20, Reporting Transfer From ANB to APSB or Vice Versa on Notice of Change, Section I.

Discontinuance:

Enter in Column 2 the effective date of the discontinuance. Other columns in Section I are left blank. Section II shall be completed for each discontinuance of aid to the individual.

Change in Need or Income. No Change in Grant:

See Sec. 362-25, Change in Need Or Income - No Change in Grant.

Reason for Change:

See Sec. 362-30, Reporting Reason for Change on Notice of Change.

(Section Continued on Next Page)

362-30 REPORTING REASON FOR CHANGE ON NOTICE OF CHANGE  
OAS, ANB, APSB

362-30

When the reason for change (except discontinuance of aid to the individual) is clearly indicated by the entries in the vertical columns opposite the particular type of change which is effective it need not be repeated under this heading. Report any additional information in this space. When a recipient's aid is discontinued the reason shall be reported in Section II of Form Ag, B1 232.

Change of an OAS, ANB, or APSB recipient's name, due to marriage, court order, or for other reasons, shall be reported to the SDSW under "Reason for Change".

Certain changes in guardianship status in OAS, ANB, and APSB shall be reported under "Reason for Change" in accordance with Sec. 230-60, Guardianship.

The month or months for which suspended payment was cancelled as provided in Sec. 361-33, Cancellation of Warrants for Months During Which Recipient was Ineligible Under Suspension of Grant Procedure, shall be reported under "Reason for Change".

In reporting restoration following release from a public institution, the exact date of release shall be reported here. In reporting restorations for other reasons, information should be entered here as to the exact date and the reason the recipient became eligible subsequent to discontinuance of aid. (SEE SEC. 215-00, RESTORATION OF AID.)

In OAS when reporting restoration of aid following a discontinuance because of employment, report the date the recipient's request for restoration of aid was signed.

In ANB and APSB when reporting a change from ANB to APSB or vice versa, detailed information regarding the change in type of aid shall be given under "Reason for Change". In APSB this shall include information regarding plan for achieving self-support. (W&IC 2140, 3075, 3460)



362-25 CHANGE IN NEED OR INCOME - NO CHANGE IN GRANT  
OAS, ANB

362-25

When income is applied toward verified total need in excess of the statutory maximum, it shall be reported on the Notice of Change (Form Ag, Bl 232) even though the computation of the grant on the basis of need in excess of \$55 in OAS and \$60 in ANB may result in no change in the amount of the aid payment. So long as the need continues to be in excess of these amounts it is not necessary to report subsequent changes in the total need or the income, or both, until such change requires adjustment of the aid payment.

EXAMPLE A: A RECIPIENT HERETOFORE WITHOUT INCOME IS RECEIVING \$55 OAS. IN FEBRUARY HE RECEIVES \$10 NET INCOME FROM RENTAL. TOTAL NEED IS VERIFIED AS \$67. ALTHOUGH THE GRANT REMAINS THE SAME, FORM AG 232 REPORTING THE COMPUTATION OF THE GRANT ON THE BASIS OF NEED IN EXCESS OF \$55 SHALL BE SUBMITTED. THE INFORMATION IS RECORDED ON FORM AG 232 OPPOSITE "CHANGE IN NEED OR INCOME - NO CHANGE IN GRANT" AND THE DATE SHOWN IN COLUMN 2, IS THE DATE FROM WHICH INCOME IS APPLIED TOWARD NEED IN EXCESS OF \$55.

EXAMPLE B: ON DECEMBER 1, A RECIPIENT OF ANB BEGINS TO RECEIVE INCOME OF \$12 A MONTH AND HIS TOTAL NEED IS ESTABLISHED AT \$75. ALTHOUGH HE HAS RECEIVED \$60 AID, FORM BL 232 REPORTING COMPUTATION OF THE GRANT EFFECTIVE DECEMBER 1, ON THE BASIS OF NEED IN EXCESS OF \$60 SHALL BE SUBMITTED. IN FEBRUARY THE INCOME INCREASES TO \$16 A MONTH, BUT TOTAL NEED IS ESTABLISHED AS \$78 A MONTH. THE SUBMISSION OF FORM BL 232 TO REPORT A CHANGE IN THE INCOME AND THE NEED IS NOT NECESSARY AS THE GRANT REMAINS THE SAME. IN MARCH THE INCOME INCREASES TO \$25 A MONTH, BUT TOTAL NEED REMAINS THE SAME. APPROPRIATE ADJUSTMENT IN THE GRANT SHALL BE REPORTED BY SUBMISSION OF FORM BL 232.

When the grant has been computed on the basis of need in excess of the statutory maximum in OAS and ANB and subsequently the grant is determined by deducting the income from the statutory maximum because need is no longer in excess of such amounts, or when the income has ceased, Form Ag, Bl 232 reporting the change in method of grant computation shall be submitted. (W&IC 2140,3075)

EXAMPLE C: AN OAS GRANT OF \$55 HAS BEEN REPORTED, THIS BEING THE DIFFERENCE BETWEEN ESTABLISHED NEED OF \$65 AND \$10 INCOME. THE INCOME CEASES. ALTHOUGH THE GRANT REMAINS \$55, INCOME IS NO LONGER APPLIED TOWARD TOTAL NEED IN EXCESS OF \$55. FORM AG 232 REPORTING THE CHANGE BASIS OF THE GRANT COMPUTATION SHALL BE SUBMITTED.

362-40 (Continued)

362-40

Item C8. Income from other sources--Check if aid was discontinued because of the receipt of income from some source other than those listed under Items C2-C7. Write a brief description of such income; e.g., unemployment insurance, old age and survivors insurance. If necessary, additional space may be used under Remarks.

Item C9. Subsequent information disproves eligibility originally established--Check if aid was discontinued because subsequent information indicated that the recipient was not eligible for the original grant. Indicate under Remarks the specific grounds for ineligibility; e.g., age, property, residence, etc. Explain briefly how and when ineligibility was discovered.

Item C10. Change in law or policy--Check if a change in legal or administrative policy automatically makes the case ineligible at the time of change although previously it was eligible. Specify briefly the nature of the change.

Item C11. Refusal after acceptance to comply with established regulations--Check if aid was discontinued because the recipient refused to comply with established regulations; i.e., refusal to supply information, etc.

Item C12. Excess property--Check if aid was discontinued because the value of the recipient's real or personal property, or both, exceeds that permitted under the OAS law, but the need for assistance is not met by the income, if any. If the income meets the recipient's needs, check Item C7.

Item C13. In county hospital (medical care) more than two months--Check if aid was discontinued because the recipient received aid for two calendar months after admission to a county hospital for medical care. Enter the date of admission and check the appropriate sub-item indicating the determination of probable period of hospitalization from date of admission to the hospital. Completion of this item is important since Federal reimbursement is allowed for aid paid during the second calendar month of confinement only when a determination has been made that hospitalization is for a temporary period. (SEE SEC. 164-10, ELIGIBILITY DURING HOSPITALIZATION.)

Item C14. Admitted to county infirmary (custodial care)--Check if aid was discontinued because recipient entered a county infirmary for custodial care; i.e., shelter and maintenance only. Enter the date of admission.

Item C15. Admitted to other public institution--Check if aid was discontinued because the recipient entered a public institution other than a county hospital or county infirmary. Enter the date of admission and the name of the institution.

Item C16. Accepted for ANB or APSB--Check if aid was discontinued because the recipient was granted ANB or APSB.

Item C17. Loss of state residence--Check if aid was discontinued because the recipient has moved out of the state and has established residence elsewhere.

(Section Continued on Next Page)



362-40 DISCONTINUANCE OF AID TO THE INDIVIDUAL RECIPIENT,  
SECTION II, OF NOTICE OF CHANGE  
OAS

362-40

Item A. Date ineligibility discovered--Enter the date on which the facts causing discontinuance of aid to the recipient came to the attention of the county.

Item B. Date of last previous county investigation--Enter the date on which the county investigation preceding the one resulting in discontinuance of aid to the recipient was completed.

Item C. Reason for discontinuance of aid to recipient--Check the applicable reason for discontinuance which appears first on the list. For example, if earnings of spouse (Item C3) and contributions from adult children (Item C5) result in the discontinuance of a case, check earnings of spouse, Item C3.

Item C1. Death--Check if aid was discontinued because of the death of the recipient. Write in the date of death; e.g., 1/16/47. If death occurred in a county hospital or other public institution, enter the date of admission under Item C13, C14, or C15, whichever is applicable.

Item C2. Earnings of recipient--Check if aid was discontinued because of earnings of the recipient (including earnings from self-employment).

Item C3. Earnings of spouse--Check if aid was discontinued because of the receipt of support from earnings (including earnings from self-employment) of recipient's husband or wife whether or not the earnings were considered community property.

Item C4. Other resources of spouse--Check if aid was discontinued because of support from separate income of the spouse; i.e., rental of spouse's separate property, or separate income from any source other than earnings of the spouse.

Item C5. Contributions from adult children--Check if aid was discontinued because of the receipt of support from adult children.

Item C6. Contributions from others--Check if aid was discontinued because of contributions from persons other than the spouse or adult children.

Do not check Item C6 if the income was derived from roomers and/or boarders in the household; discontinuance under these conditions should be entered under Item C2 if the recipient is responsible for management of the household, or under Item C3 if the spouse is responsible for management of the household.

Item C7. Income from property--Check if aid was discontinued because of receipt of income from real or personal property. Write a brief description of the nature of this income; e.g., rent from dwelling, interest on loan, etc. If necessary, additional space may be used under Remarks.

(Section Continued on Next Page)

362-42 (Continued)

362-42

Item 2. Employment or increased earnings of other person in home--Check this item for cases in which recipient's need for assistance has decreased because of the employment or increased earnings of any other person in the home (including earnings from self-employment). The increase may be the result of higher wages or fuller employment.

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, the case should be reported in Item 6.

Item 3. Allowance, pension, or other payment connected with military service, received by person\* in home--Check this item for cases in which the recipient's need for assistance has decreased through the receipt, by any person in the home, of an allowance, pension, or other payment connected with military service, which is given on the basis of service or disability. Include here allowances, death gratuities, military insurance, and disability benefits, not only to persons in the armed forces and their dependents, but also to civilian employees and their dependents, as provided for in veterans' legislation; pensions to widows and orphans of veterans of World War I; and payments under the Servicemen's Readjustment Act of 1944 (commonly known as the GI Bill).

Item 4. Increased support from person outside home--Check this item for cases in which the recipient's need for assistance has decreased because of increased support from a person outside the home. This item includes support from relatives who have not previously contributed, and not only support from relatives whose ability to contribute has increased, but also those who without any change in circumstances have assumed more responsibility for support.

Item 5. Increase in other resources of person\* in home--Check this item for cases in which the recipient's need for assistance has decreased by reason of resources other than those specified in items above. Life insurance benefits (other than military insurance), the inheritance of income-producing property or money, the receipt of old age and survivors insurance, and increased income from investments of real or personal property are examples of resources to be included here.

Do not include resources if the resources were available when the payment was approved, and the payment would not have been made had the resources been known to exist; such cases should be reported in Item 7, "No known material change in economic circumstances".

Do not include real or personal property the value of which has increased beyond the legal maximum, but need is not materially reduced by the income; such cases should be reported in Item 7, "No known material change in economic circumstances".

\*Including the recipient himself.

(Section Continued on Next Page)



362-40 (Continued)

362-40

Item C18. Transferred to-----County--Check if aid was discontinued because the recipient has moved to another county and the second county has become responsible for the payment of aid, and insert name of second county.

Item C19. Other reason--Check if aid was discontinued for some reason other than those listed under Items C1 through C18. Describe the reasons or circumstances for this discontinuance under Remarks. Check this item if recipient was admitted to a private institution (an institution which does not derive support from public funds) only if the recipient would have continued to be eligible for aid had he not entered the institution. (W&IC 2:40, FSSA)

362-42 MATERIAL CHANGES IN ECONOMIC CIRCUMSTANCES OF DISCONTINUED CASES 362-42  
(EXCLUDE DEATH), SECTION III OF NOTICE OF CHANGE  
OAS

Section III is to be completed for all discontinued cases except those discontinued because of death.

When two or more items in Section III apply in a given case, check the item appearing first on the list.

If there has been no material change in the recipient's economic circumstances, check Item 7, "No known material change in economic circumstances".

This section is designed to provide information on the number of cases in which there was an increase in the income of the individual that would wholly or partly offset the effect of discontinuing assistance.

The changes in economic circumstances reported in Section III may or may not be the cause of the discontinuance reported in Section II. For example, a recipient's grant might be discontinued because increased earnings have made him ineligible. In this case Item C2 would be checked in Section II, and Item 1 would be checked in Section III. On the other hand, if a recipient became ineligible because of a son's contributions and simultaneously had an increase in earnings not sufficient in itself to make him ineligible, Item C5 would be checked in Section II, and Item 1 would be checked in Section III since it appears first in the list.

Unless some preceding item is applicable, cases in which need for assistance has been decreased by the receipt of old age and survivors insurance, workmen's compensation, and unemployment compensation should be reported in Item 4 or Item 5 of this section.

Item 1. Employment or increased earnings of recipient--Check this item for cases in which the recipient's need for assistance has decreased because of his employment or an increase in his earnings (including earnings from self-employment). The increase in earnings may be the result of higher wages or fuller employment.

(Section Continued on Next Page)

362-45 (Continued)

362-45

Item C4. Other resources of spouse--Check if aid was discontinued because of support from separate income of the spouse; i.e., rental of spouse's separate property, or separate income from any source other than earnings of the spouse.

Item C5. Contributions from parents or adult children--Check if aid was discontinued because of the receipt of support from parents or adult children.

Item C6. Contributions from others--Check if aid was discontinued because of contributions from persons other than the spouse, parents or adult children.

Do not check Item C6 if the income was derived from roomers and/or boarders in the household; discontinuance under these conditions should be entered under Item C2 if the recipient is responsible for management of the household, or under Item C3 if the spouse is responsible for management of the household.

Item C7. Income from property--Check if aid was discontinued because of receipt of income from real or personal property. Write a brief description of the nature of this income; e.g., rent from dwelling, interest on loan, etc. If necessary, additional space may be used under Remarks.

Item C8. Income from other sources--Check if aid was discontinued because of the receipt of income from some source other than those listed under Items C2-C7. Write a brief description of such income; e.g., unemployment insurance, old age and survivors insurance. If necessary, additional space may be used under Remarks.

Item C9. Subsequent information disproves eligibility originally established--Check if aid was discontinued because subsequent information indicated that the recipient was not eligible for the original grant. Indicate under Remarks the specific grounds for ineligibility; e.g., age, property, residence, etc. Explain briefly how and when ineligibility was discovered.

Item C10. Change in law or policy--Check if a change in legal or administrative policy automatically makes the case ineligible at the time of change although previously it was eligible. Specify briefly the nature of the change.

Item C11. Present vision exceeds standard for blindness--Check if aid was discontinued because recipient is not blind within the prescribed degree. When conclusive evidence establishes that recipient was not originally eligible as to degree of blindness, check Item C9.

Item C12. Refusal after acceptance to comply with established regulations--Check if aid was discontinued because the recipient refused to comply with established regulation; i.e., refusal to supply information, soliciting alms.

(Section Continued on Next Page)



362-42 (Continued)

362-42

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, the case should be reported in Item 6.

Item 6. Other material change in economic circumstances--Check this item for cases in which the recipient's need for assistance has decreased for reasons other than those specified in items above; i.e., cases in which need has decreased with no increase in resources, and cases in which need has been decreased because of marriage of the recipient.

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, the case should be reported under this item.

Item 7. No known material change in economic circumstances--Check this item for cases in which there is no known change in economic circumstances of cases discontinued; i.e., any non-income reason. (W&IC 2140; FSSA)

**362-45 DISCONTINUANCE OF AID TO THE INDIVIDUAL RECIPIENT,  
SECTION II, OF NOTICE OF CHANGE  
ANB, APSB**

362-45

Item A. Date ineligibility discovered--Enter the date on which the facts causing discontinuance of aid to the recipient came to the attention of the county.

Item B. Date of last previous county investigation--Enter the date on which the county investigation preceding the one resulting in discontinuance of aid to the recipient was completed.

Item C. Reason for discontinuance of aid to recipient--Check the applicable reason for discontinuance which appears first on the list. For example, if earnings of spouse (Item C3) and contributions from parents or adult children (Item C5) result in the discontinuance of a case, check earnings of spouse, Item C3.

Item C1. Death--Check if aid was discontinued because of the death of the recipient. Write in the date of death; e.g., 1/16/47. If death occurred in county hospital or other public institution, enter the date of admission under Item C14, C15, or C16, whichever is applicable.

Item C2. Earnings of recipient--Check if aid was discontinued because of earnings of the recipient (including earnings from self-employment).

Item C3. Earnings of spouse--Check if aid was discontinued because of the receipt of support from earnings (including earnings from self-employment) of recipient's husband or wife whether or not the earnings were considered community property.

(Section Continued on Next Page)

362-46 MATERIAL CHANGES IN ECONOMIC CIRCUMSTANCES OF DISCONTINUED CASES 362-46  
(EXCLUDE DEATH) SECTION III OF NOTICE OF CHANGE  
ANB, APSB

Section III is to be completed for all discontinued cases except those discontinued because of death. When two or more items in Section III apply in a given case, check the item appearing first on the list. If there has been no material change in the recipient's economic circumstances, check Item 7, "No known material change in economic circumstances".

This section is designed to provide information on the number of cases in which there was an increase in the income of the individual that would wholly or partly offset the effect of discontinuing assistance.

The changes in economic circumstances reported in Section III may or may not be the cause of the discontinuance reported in Section II. For example, a recipient's grant might be discontinued because increased earnings have made him ineligible. In this case Item C2 would be checked in Section II, and Item 1 would be checked in Section III. On the other hand, if a recipient became ineligible because of a son's contributions and simultaneously had an increase in earnings not sufficient in itself to make him ineligible, Item C5 would be checked in Section II, and Item 1 would be checked in Section III since it appears first in the list.

Unless some preceding item is applicable, cases in which need for assistance has been decreased by the receipt of old age and survivors insurance, workmen's compensation, and unemployment compensation should be reported in Item 4 or Item 5 of this section.

Item 1. Employment or increased earnings of recipient--Check this item for cases in which the recipient's need has decreased because of his employment or an increase in his earnings (including earnings from self-employment). The increase in earnings may be the result of higher wages or fuller employment.

Item 2. Employment or increased earnings of other person in home--Check this item for cases in which recipient's need has decreased because of the employment or increased earnings of any other person in the home (including earnings from self-employment). The increase may be the result of higher wages or fuller employment.

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, the case should be reported in Item 6.

Item 3. Allowance, pension, or other payment connected with military service, received by person\* in home--Check this item for cases in which the recipient's need for assistance has decreased through the receipt, by any person in the home, of an allowance, pension, or other payment connected with military service, which is given on the basis of service or disability. Include here allowances, death gratuities, military insurance, and disability benefits, not only to persons in the armed forces and their dependents, but also to civilian employees and their dependents, as provided for in veterans' legislation; pensions to widows and orphans of veterans of World War I; and payments under the Servicemen's Readjustment Act of 1944 (commonly known as the GI Bill).

\*Including the recipient himself.

(Section Continued on Next Page)



362-45 (Continued)

362-45

Item C13. Excess property--Check if aid was discontinued because the value of the recipient's real or personal property, or both, exceeds that permitted under the ANB law but the need for assistance is not materially reduced by the income, if any. If the income meets the recipient's needs, check Item C7.

Item C14. In county hospital (medical care) more than two months--Check if aid was discontinued because the recipient received aid for two calendar months after admission to a county hospital for medical care. Enter the date of admission and check the appropriate sub-item indicating the determination of probable period of hospitalization from date of admission to the hospital. Completion of this item is important since Federal reimbursement is allowed for aid paid during the second calendar month of confinement only when a determination has been made that hospitalization is for a temporary period. (SEE SEC. 164-10, ELIGIBILITY DURING HOSPITALIZATION.)

Item C15. Admitted to county infirmary (custodial care)--Check if aid was discontinued because recipient entered a county infirmary for custodial care; i.e., shelter and maintenance only. Enter the date of admission.

Item C16. Admitted to other public institution--Check if aid was discontinued because the recipient entered a public institution other than a county hospital or county infirmary. Enter the date of admission and the name of the institution.

Item C17. Accepted for APSB, ANB or CAS--Check the name of the program under which aid is to be granted from date of change.

Item C18. Loss of state residence--Check if aid was discontinued because the recipient has moved out of the state and has established residence elsewhere.

Item C19. Transferred to-----County--Check if aid was discontinued because the recipient has moved to another county and the second county has become responsible for the payment of aid, and insert name of second county.

Item C20. Other reason--Check if aid was discontinued for some reason other than those listed under Items C1 through C19. Describe the reasons or circumstances for this discontinuance under Remarks. Check this item if recipient was admitted to a private institution (an institution which does not derive support from public funds) only if the recipient would have continued eligible for aid had he not entered the institution. (W&IC 3075, 3460, FSSA)

362-48 REPORTING PAYMENT TO COUNTY FOR INSTITUTIONAL CARE ON NOTICE OF 362-48  
CHANGE, SECTION IV  
OAS, ANB

Under "Type of Care" check the type of institution in which the care is rendered, i.e., county hospital (medical or surgical care) or county infirmary if shelter and maintenance (custodial care) is the only care given.

Under "Begin Payment" report the date from which payment to the county for hospital or infirmary care is requested, and show the amount of the grant to the recipient for the month in which admitted to the institution.

Use the space under "Discontinue Payment" to report discontinuance of payment to the county for hospital or infirmary care. Opposite "Effective Date" enter the date of the last day for which the subvention is requested. Check the reason for discontinuance, i.e., discharge from the hospital or infirmary, or death, and enter the date such event occurred.

When the county giving care is not the county of the former recipient's residence this fact shall be noted by showing in the space for name of county at top of form the name of the county actually claiming subvention followed by the parenthetical statement ("resident of \_\_\_\_\_ County"). It shall be the responsibility of the county claiming subvention to determine from the first county the amount of the grant at the time of entering the institution. (W&IC 2140, 3075)

(SEE SECS. 165-00, SUBVENTION FOR HOSPITAL OR INFIRMARY CARE, 165-05, DEFINITION OF COUNTY INSTITUTION UNDER W&IC, SECS. 2160.7 AND 3044.1, 165-15, BASIS FOR STATE PAYMENT--COUNTY INSTITUTIONAL CLAIM UNDER W&IC, SECS. 2160.7 AND 3044.1 AND 627-25, COUNTY INSTITUTIONAL CLAIM UNDER W&IC, SECS. 2160.7 AND 3044.1.)

362-50 APPROVAL BY THE BOARD OF SUPERVISORS, SECTION V, NOTICE OF 362-50  
CHANGE  
OAS, ANB, APSB

Enter name of county and date of approval by the county board of supervisors. The Notice of Change (Form Ag, Bl 232) shall bear either the original or facsimile signature of the county clerk or deputy. A facsimile signature shall be affixed either by or under the special authority of the county officer whose signature is thus affixed. (W&IC 2140, 3075, 3460)



362-46 (Continued)

362-46

Item 4. Increased support from person outside home--Check this item for cases in which the recipient's need for assistance has decreased because of increased support from a person outside the home. This item includes support from relatives who have not previously contributed, and not only support from relatives whose ability to contribute has increased, but also those who without any change in circumstances have assumed more responsibility for support.

Item 5. Increase in other resources of person\* in home--Check this item for cases in which the recipient's need for assistance has decreased by reason of resources other than those specified in items above. Life insurance benefits (other than military insurance), the inheritance of income-producing property or money, the receipt of old age and survivors insurance, and increased income from investments of real or personal property, are examples of resources to be included here.

Do not include resources if the resources were available when the payment was approved, and the payment would not have been made had the resources been known to exist; such cases should be reported in Item 7, "No known material change in economic circumstances."

Do not include real or personal property the value of which has increased beyond the legal maximum, but need is not materially reduced by the income; such cases should be reported in Item 7, "No known material change in economic circumstances."

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, the case should be reported in Item 6.

Item 6. Other material change in economic circumstances--Check this item for cases in which the recipient's need for assistance has decreased for reasons other than those specified in items above; i.e., cases in which need has decreased with no increase in resources, and cases in which need has been decreased because of marriage of the recipient.

If an increased contribution is made to the recipient by a person in the home without new employment or increased earnings or increase in other resources, the case should be reported under this item.

Item 7. No known material change in economic circumstances--Check this item for cases in which there is no known change in economic circumstances of cases discontinued; i.e., any non-income reason. (W&IC 3075, 3460, FSSA)

\*Including the recipient himself.

363-05 (Continued)

363-05

Column 2. Record effective date of increase, decrease, restoration, change of payee, or discontinuance.

Column 3. Record nature of change; i.e., increase, decrease, restoration, change of payee, or discontinuance opposite the name of each child affected by change. If all children are not affected by the change, enter "No Change" opposite the name of each child for whom no change is being made.

Column 4. Record the full monthly rate on which the grant has been computed, that is, the monthly grant including all cash aid paid, to meet the budgetary deficiency, or the charge for care for the child or children. In other words, the figure reported in Column 5 should not be limited to the maximum basis for state participation, if more than \$31.50 for one child and \$28.50 for each additional child eligible for Federal participation and \$22.50 for each child ineligible for Federal participation is actually being paid. If the change is effective subsequent to the first day of the month, the monthly rate of the grant rather than the prorated amount actually paid for that month should be recorded. If there is more than one payee, show amount of grant to each payee.

Column 5. This column shall be completed for each child listed in Column 1. Check "Yes" if child is under 16 and living with eligible payee, or, is over 16, and living with eligible payee and enrolled in school. (SEE SECS. 628-00, PAYEES ELIGIBLE UNDER SOCIAL SECURITY ACT, AND 235-20, SCHOOL ATTENDANCE AS REQUIREMENT FOR FEDERAL PARTICIPATION.)

Check "No" if child is:

1. Living with payee who is a non-relative, or
2. Living with payee of a degree of relationship other than those listed in Sec. 628-00, or
3. Is in a boarding home or institution, or
4. Is over 16 and not enrolled in school.

One Form CA 232-Rev. may be used to report more than one action of the board of supervisors on the same case provided all actions of the board of supervisors take place on the same day.

EXAMPLE: ON MARCH 28, 1943, THE BOARD OF SUPERVISORS ACTS TO DISCONTINUE ANC EFFECTIVE FEBRUARY 28, 1943, FOR A CHILD WHO DIED FEBRUARY 11, 1943, AND TO DISCONTINUE ANC FOR ANOTHER CHILD WHO BECAME 18 ON MARCH 24, 1943. ON THE SAME DATE, THE BOARD OF SUPERVISORS ACTS TO DECREASE ANC EFFECTIVE APRIL 1, 1943, FOR TWO REMAINING CHILDREN.

When one Form CA 232-Rev. is used to report more than one action Columns 1 through 4 shall be completed separately for each action.

(Section Continued on Next Page)



363-00 GENERAL INSTRUCTIONS, NOTICE OF CHANGE  
ANC

363-00

The Notice of Change (Form CA 232-Rev.) is divided into six numbered sections in order to facilitate referral to any particular section of the form.

Section I is for reporting information regarding:

A. Type of change except for change of school status of child/children 16 to 18 who are otherwise eligible for Federal participation.  
(SEE SECTION IV.)

B. Reason for change.

Section II is for reporting reasons for discontinuance.

Section III is for reporting material changes in economic circumstances of discontinued cases. It is to be completed for all discontinued cases except those discontinued because of death.

Section IV is for reporting a change of school status of child/children 16 to 18 who are otherwise eligible for Federal participation.

Section V is for:

- A. Signature, address and relationship of payee for child/children in home eligible for Federal participation.
- B. The county official's signature certifying that the county has on file the signature of payee for child/children in home ineligible for Federal participation or in an institution.

Section VI is for recording the action of the county board of supervisors.  
(W&IC 1560)

363-05 RECORDING ON TOP OF FORM AND SECTION I OF NOTICE OF CHANGE  
ANC

363-05

Under identifying information at the top of the Notice of Change (Form CA 232-Rev.) record the name of county, state and county numbers, date form is prepared, and family name.

Payee from Date of Change: Record the name of the person to whom warrants will be drawn for the care of child/children on and after the effective date of this Form CA 232-Rev. If there is more than one payee for children receiving ANC under the same case number, record name of each payee followed by number in Column 1 which corresponds to child's name.

Complete Section I for increase, decrease, restoration, change of payee or discontinuance. (Reason for discontinuance is reported in Section II.)

Column 1. Record first name of each child receiving ANC under the case number shown under identifying information.

(Section Continued on Next Page)

363-10 (Continued)

363-10

Item B. Date of discovery--Record the date on which the facts causing discontinuance of ANC for the child/children came to the attention of the county.

Item C. Date ineligibility verified--Record the date on which ineligibility was verified by the county.

Item D. Classification--Check the symbol designating the classification under which ANC was being granted at the time of discontinuance.

Item E. Reason for discontinuance of aid--Check the applicable reason for discontinuance which appears first on the list. For example, if discontinuance is due to increased support from several sources, check the reason which appears first on the list. Likewise, if the aid of several children of one family is discontinued for reasons which differ for the various children, check the reason appearing first on the list.

Item E1. Earnings of father--Check if the child/children now receive adequate care because of support from the employment or increased earnings (including earnings from self-employment) of the father.

Item E2. Earnings of mother--Check if the child/children now receive adequate care because of support from the employment or increased earnings (including earnings from self-employment) of the mother.

Item E3. Earnings of dependent child--Check if the child/children now receive adequate care because of support from the employment or increased earnings (including earnings from self-employment) of one or more of the children who have been receiving ANC. Use this item for discontinuance of aid because a child was placed in a foster home for work or wage, or because a child entered the armed services.

Item E4. Support by stepfather--Check if the child/children now receive adequate care because of support from stepfather.

Item E5. Contributions from others--Check if the child/children now receive adequate care because of contributions from persons other than those listed above.

Item E6. Income from other sources--Check if the child/children now receive adequate care because of income from sources other than those listed in E1 through E5. Specify briefly the source of income; e.g., life insurance benefits, military benefits, receipt of old age and survivors insurance, income from real property, income from investments.

Item E7. Subsequent information disproves eligibility originally established--Check if aid is discontinued because subsequent information indicated that the child/children were not eligible for the original grant. Indicate under remarks the specific grounds for ineligibility; e.g., property, residence, classification, etc. Explain briefly how and when ineligibility was discovered.

(Section Continued on Next Page)



| PUBLIC ASSISTANCE PROGRAM | CONTINUING SERVICES |  |  |  | 363-10 |
|---------------------------|---------------------|--|--|--|--------|
| 363-05 (Continued)        |                     |  |  |  | 363-05 |

| EXAMPLE:<br>COL. 1 | COL. 2  | COL. 3    | COL. 4               | COL. 5 |
|--------------------|---------|-----------|----------------------|--------|
| JOHN               | 2-28-43 | DISC.     | (ENTER TOTAL GRANT   | YES    |
| GALE               |         | NO CHANGE | AFTER DISCONTINUANCE | X      |
| JOE                |         | " "       | OF ANC FOR JOHN)     | X      |
| ANN                |         | " "       |                      |        |
| GALE               | 3-31-43 | DISC.     | (ENTER TOTAL GRANT   | X      |
| JOE                |         | NO CHANGE | AFTER DISCONTINUANCE | X      |
| ANN                |         | " "       | OF ANC FOR GALE)     | X      |
| JOE                | 4-1-43  | DECREASE  | (ENTER TOTAL GRANT   | X      |
| ANN                |         | "         | EFFECTIVE 4-1-43)    | X      |

Reason for change: This section is for reporting reasons for change except discontinuances which are reported under Section II.

Increase: State reason for need of increased grant.

Decrease: State reason for decreased grant. If decrease is due to income or increased income, give the source from which such income is being received.

Restoration: In reporting restoration, information should be given in this space as to the reason that the child/children again became eligible subsequent to the discontinuance of ANC.

Change of payee: Give the exact date of change of placement.

Suspension of Aid: When aid continues under the suspension procedure but payments for one or more months are cancelled (SEE SEC. 361433 CANCELLATION OF WARRANTS FOR MONTHS DURING WHICH RECIPIENT WAS INELIGIBLE UNDER SUSPENSION OF GRANT PROCEDURE) state the month or months for which the suspended payments was cancelled together with the reason for cancellation or cancellations. It is not necessary to fill in any information under Columns 1, 2, 3, 4, or 5 under Sec. I of Form CA 232. In this instance, when warrants are cancelled under the suspension procedure, it is not necessary for the board of supervisors to discontinue aid and subsequently restore aid since the authorization has been continuously in effect and, therefore, aid is not discontinued by a cancelled payment. (W&IC 1560)

### 363-10 DISCONTINUANCE OF AID, SECTION II OF NOTICE OF CHANGE ANC

363-10

If ANC is discontinued for more than one child and the dates required under Items A, B, and C of Section II differ for the children, complete Items A, B, and C for one child and indicate to which child the dates apply. For the other child or children, record under remarks, the dates required under Items A, B, and C, properly identified, and indicate to which child the dates apply.

Item A. Date ineligibility occurred--Record here the date on which ineligibility occurred; i.e., the date on which eligibility ceased for any one of the reasons enumerated below. When ineligibility is due to earnings, the date of ineligibility is not necessarily the date employment began, but rather the date when the earnings actually received plus other income fully meet the family's needs.

(Section Continued on Next Page)

363-10 (Continued)

363-10

Item E17. Loss of state residence--Check when ineligibility occurs because of removal from the state with loss of state residence.

Item E18. Transferred to-----County--Check this item when ANC is discontinued because of a transfer to another county under the provisions of Section 1527, W&IC. Enter the name of the county in the space provided and insert name of second county. (SEE SEC. 370-00, TRANSFER OF AID.)

Item E19. Other reason--Check when ANC is discontinued for some reason other than those listed in Items 1 through 18. Under remarks, explain the reason or circumstances; such as death, paternity admitted, marriage of dependent child if supported by spouse, etc. (W&IC 1560, FSSA)

363-12 MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES OF DISCONTINUED CASES 363-12  
(EXCLUDE DEATH), SECTION III OF NOTICE OF CHANGE  
ANC

Section III is to be completed for all discontinued cases except those discontinued because of death. When two or more items in Section III apply in a given case, check the item appearing first on the list. If there has been no material change in the family's economic circumstances, check Item 10, "No known material change in economic circumstances."

This section is designed to provide information on the number of cases in which there was an increase in the income of the family that would wholly or partly offset the effect of discontinuing assistance.

The changes in economic circumstances reported in Section III may or may not be the cause of the discontinuance reported in Section II. For example, aid might be discontinued because the father's earnings have made the family ineligible. In this case Item E1 would be checked in Section II, and Item 1 would be checked in Section III. On the other hand, if a family became ineligible because of a contribution from a son not on ANC and simultaneously the father had an increase in earnings not sufficient in itself to make the family ineligible, Item E5 would be checked in Section II, and Item 1 would be checked in Section III since it appears first in the list.

Unless some preceding item is applicable, cases in which need for assistance has been decreased by the receipt of old age and survivors insurance, workmen's compensation, and unemployment compensation should be reported in Item 7 or Item 8 of this section.

Items 1 - 4. Employment or increased earnings--Check the appropriate item for cases in which the child/children's need for assistance has decreased as the result of employment or increased earnings (including earnings from self-employment). The increase in earnings may result from higher wages or fuller employment.

(Section Continued on Next Page)



363-10 (Continued)

363-10

Item E8. Change in law or policy--Check if a change in legal or administrative policy automatically makes the child/children ineligible at the time of change although previously the child/children were eligible. Specify briefly the nature of the change.

Item E9. Child reached eighteenth birthday--Check if aid was discontinued because the child/children reached their eighteenth birthday.

Item E10. Father no longer incapacitated for gainful work--Check if child/children became ineligible because the CIF or TBF father is no longer incapacitated for gainful employment, according to physician's report. Do not check this item if the child/children are receiving adequate care due to support from the father; in such instances check Item E1.

Item E11. Parent discharged from institution--Check if the discharge of a parent from an institution makes the child/children ineligible for ANC. Do not check this item if the child/children are receiving adequate care due to support from the parents; in such instances check Item E1, E2, or E6. (See Sec. 193-30, CLASSIFICATION OF HALF-ORPHAN, PARENT COMMITTED TO INSTITUTION (PCI).)

Item E12. Absent father returned--Check if the absent father's return to the home renders the child/children ineligible for ANC. Do not check this item if the child/children are receiving adequate care due to support from the father; in such instances check E1 or E6.

Item E13. Refusal after acceptance to comply with established regulations--Check if aid is discontinued because of refusal to comply with established regulations; i.e., refusal to supply information, etc.

Item E14. Excess assets acquired subsequent to approval--Check if ANC is discontinued because the child, children and/or parents have come into possession of real property, cash and/or securities, in excess of that permitted under the ANC law. See Sec. 141-05, Types of Personal Property, for distinction between personal property and income.

Item E15. Child in county hospital--Check if ANC is discontinued either (1) because the child was admitted to a county hospital or (2) because the child has been in a county hospital for more than two months. Enter the date of admission and, for cases eligible to Federal participation, check the appropriate sub-item indicating the determination of probable period of hospitalization from the date of admission to the hospital. (See Secs. 160-00, PROVISIONS OF THE WIC REGARDING INSTITUTION INMATES, AND 164-10, ELIGIBILITY DURING HOSPITALIZATION.)

Item E16. Child admitted to other public institution--Check if ANC is discontinued because child was admitted to a public institution other than a county hospital, such as a state hospital, detention home, or Indian School. Enter the name of the institution in the space provided.

(Section Continued on Next Page)

363-12 (Continued)

363-12

Item 7. Increased support from person outside home--Check for cases in which the child/children's need for assistance has decreased by reason of increased support from persons not living in the home, except as reported in Items 1 and 2. This item includes support from relatives who have not previously contributed, and not only support from relatives whose ability to contribute has increased, but also those who without any change in circumstances have assumed more responsibility for support. Include cases in which need has decreased because of free care in a foster-family home.

Item 8. Increase in other resources of person in home--Check for cases in which the child/children's need for assistance has decreased because of resources of any person in the home other than those specified in items above. Life insurance benefits (other than military insurance), the inheritance of property or money, the receipt of old age and survivors insurance, the sale of property, and increased income from investments of real or personal property, are examples of resources to be included here.

Do not include the following:

- (a) Resources if the resources were available when ANC was approved, and ANC would not have been granted had the resources been known to exist; such cases should be reported in Item 10, "No known material change in economic circumstances."
- (b) Cases in which the value of real or personal property has increased beyond the legal maximum, but need is not materially reduced by the income; such cases should be reported in Item 10, "No known material change in economic circumstances."

Item 9. Other material change in economic circumstances--Check for cases in which the child/children's need for assistance has decreased for reasons other than those specified in items above. Examples of cases to be included here are:

- (a) Cases in which need has decreased with no increase in resources.
- (b) Cases in which need has decreased because of marriage of dependent child.
- (c) Cases in which the family's need for assistance has decreased because of support from earnings or other resources of other persons in the home, when such earnings or other resources have not increased.

Item 10. No known material change in economic circumstances--Check for cases in which there is no known change in economic circumstances of cases discontinued; i.e., any non-income reason. (W&IC 1560, FSSA)



363-12 (Continued)

363-12

Do not include cases in which the family's need for assistance has decreased because of support from earnings or other resources of other persons in the home, when such earnings or resources have not increased. Report such cases under Item 9.

Item 1. Father or person acting in his place--Check for cases in which the child/children's need for assistance has decreased because of the employment or increased earnings of their father or the person acting in his place. For the purpose of this report, the person acting in the father's place is defined as the person who has been carrying parental responsibility. Such person, therefore, is not necessarily the payee.

Item 2. Mother or person acting in her place--Check for cases in which the child/children's need for assistance has decreased because of the employment or increased earnings of their mother or the person acting in her place. For the purpose of this report, the person acting in the mother's place is defined as the person who has been carrying parental responsibility. Such person, therefore, is not necessarily the payee.

Item 3. Dependent child--Check for cases in which the child/children's need for assistance has decreased because of the employment or increased earnings of a child who has been receiving aid to dependent children. Include children placed in foster family homes for work or wage and children who enlist in the armed services.

Item 4. Other person in home--Check for cases in which the child/children's need for assistance has decreased because of the employment or increased earnings of any person in the home other than those specified above.

Item 5. Support by remarriage of parent--Check for cases in which the child/children's need for assistance has decreased because of the remarriage of their parent or the person acting in the parent's place, including the marriage of an unmarried mother.

Item 6. Allowance, pension, or other payment connected with military service, received by person in home--Check for cases in which the child/children's need for assistance has decreased through the receipt, by any person in the home, of an allowance, pension, or other payment connected with military service, which is given on the basis of service or disability. Include here allowances, death gratuities, military insurance, and disability benefits, not only to persons in the armed forces and their dependents, but also to civilian employees and their dependents, as provided for in veterans' legislation; pensions to widows and orphans of veterans of World War I; and payments under the Servicemen's Readjustment Act of 1944 (commonly known as the GI Bill).

(Section Continued on Next Page)

363-25 APPROVAL BY THE BOARD OF SUPERVISORS ON SECTION VI OF THE  
NOTICE OF CHANGE  
ANC

363-25

Record the name of county, and date of action by the county board of supervisors. The Notice of Change (Form CA 232) shall bear either the original or facsimile signature of the county clerk or deputy. A facsimile signature shall be affixed either by or under the special authority of the county officer whose signature is thus affixed. (W41C 1560)



363-15 RECORDING CHANGE OF SCHOOL STATUS ON SECTION IV OF  
NOTICE OF CHANGE  
ANC

363-15

A change of school status for children between 16 and 18 who are otherwise eligible for Federal participation shall be recorded on Section IV of the Notice of Change (Form CA 232) as follows:

Record name of child, date of enrollment or date of termination, and date of verification by the county. This section shall be signed by the county public assistance worker reporting the change of school status.

When change of school status is the only change to be reported on the Notice of Change, only Section IV should be completed to show data regarding school status, i.e., Sections I, II, and V of Form CA 232 should be left blank. Section VI may be completed if there is action by the board of supervisors.

SEE SEC. 235-20, SCHOOL ATTENDANCE AS A REQUIREMENT FOR FEDERAL PARTICIPATION. (W&IC 1560; FSSB)

363-20 RECORDING CHANGE OF PAYEE ON SECTION V OF NOTICE OF CHANGE  
ANC

363-20

Section V is to be completed when reporting change of payee.

Item A. If child/children is in home eligible for Federal participation, secure the signature of the eligible payee, indicating relationship of payee to child/children and address where child/children will be maintained.

The Notice of Change (Form CA 232) bearing the signature of the eligible payee shall be retained in the county file. The copy forwarded to the SDSW need not bear the signature of the eligible payee, provided it shows the name, relationship and address of the eligible payee and bears the county official's statement that the signature of the eligible payee is on file in the county office.

Item B. If child/children is in a home ineligible for Federal participation, secure the signature of the county official or other person responsible for placement of the child/children. (W&IC 1560; FSSA)

365-99 (Continued)

365-99

FORM BL 232

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

## NOTICE OF CHANGE

## Aid to the Blind

Submit two copies to State Department of Social Welfare for discontinuances (including discontinuance of payment to county for hospital or infirmary care), restorations, and payment to county for hospital or infirmary care; one copy for other changes. **SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR.**

County \_\_\_\_\_ County No. \_\_\_\_\_ State No. \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Aid granted under (Check one): ☐ ANB ☐ APSB

## SEC. I. Aid to the Individual Recipient

| Change<br>(1)  | Effective Date of Change<br>(2) | Aid to Blind Grant From Date of Change<br>(3)              | INCOME OTHER THAN AID TO BLIND              |                                      | NEED IN EXCESS OF MAXIMUM GRANT |   |
|--|---------------------------------|--|---|--------------------------------------|---------------------------------|---|
|  |                                 |  | Total Income Other Than Aid to Blind<br>(4) | Sources and Amounts of Income<br>(5) | Total Need<br>(6)               | Nature and Amount of Each Excess Need and How Verified<br>(7) |
| DECREASE   |                                 |  |   |                                      |                                 |   |
| INCREASE   |                                 |  |   |                                      |                                 |   |
| RESTORATION  |                                 |  |   |                                      |                                 |   |
| TRANSFER FROM:<br><input type="checkbox"/> ANB TO APSB<br>OR<br><input type="checkbox"/> APSB TO ANB |                                 |  |   |                                      |                                 |   |
| DISCONTINUANCE   |                                 | Sec. II and Sec. III must be completed for Discontinuances |   |                                      |                                 |   |
| CHANGE IN NEED OR INCOME. NO CHANGE IN GRANT   |                                 |  |   |                                      |                                 |   |
|  |                                 |  |   |                                      |                                 | TOTAL   |

REASON FOR CHANGE—Except Discontinuance: (Give date of release from institution if restored for this reason.)

## SEC. II. Discontinuance of Aid to the Individual Recipient

- A. Date ineligibility discovered \_\_\_\_\_
- B. Date of last previous county investigation \_\_\_\_\_
- C. Reason for discontinuance of aid to recipient  
(Check applicable reason appearing first on list)
- ☐ 1. Death. Date \_\_\_\_\_
- Income to recipient from:
- ☐ 2. Earnings of recipient
- ☐ 3. Earnings of spouse
- ☐ 4. Other resources of spouse
- ☐ 5. Contribution from parents or adult children
- ☐ 6. Contributions from others
- ☐ 7. Income from property (Specify) \_\_\_\_\_
- ☐ 8. Income from other sources (Specify) \_\_\_\_\_
- Non-income reasons:
- ☐ 9. Subsequent information disproves eligibility originally established (Explain below) \_\_\_\_\_
- ☐ 10. Change in law or policy (Specify) \_\_\_\_\_
- ☐ 11. Present vision exceeds standard for blindness
- ☐ 12. Refusal after acceptance to comply with established regulations (Specify) \_\_\_\_\_
- ☐ 13. Excess property
- ☐ 14. In county hospital (medical care) more than two months. Date of admission \_\_\_\_\_
- Determination of probable hospitalization period:
- ☐ 2 months or less from date of admission
- ☐ More than 2 months from date of admission
- ☐ 15. Admitted to county infirmary (Custodial care) Date \_\_\_\_\_
- ☐ 16. Admitted to other public institution. Date \_\_\_\_\_
- Name of Institution \_\_\_\_\_
- ☐ 17. Accepted for ☐ APSB ☐ ANB ☐ OAS
- ☐ 18. Loss of State residence
- ☐ 19. Transferred to \_\_\_\_\_ county
- ☐ 20. Other reason (Explain fully under "Remarks")

## REMARKS:

If discontinuance is due to excess income or property (Items C.2-C.8 and C.13), state total amount of income, type and value of property, and date excess first received or acquired. Should a refund be due, state possibility of or plan for its collection.

☐ Check here if this information on excess income or property is not now available but will be submitted later.

## SEC. III. Material Change in Economic Circumstances of Cases Discontinued (Exclude Death)

(Check applicable item appearing first on list)

- ☐ 1. Employment or increased earnings of recipient
- ☐ 2. Employment or increased earnings of other person in home
- ☐ 3. Allowance, pension, or other payment connected with military service, received by person in home
- ☐ 4. Increased support from person outside home
- ☐ 5. Increase in other resources of person in home
- ☐ 6. Other material change in economic circumstances (Including decreased need without change in resources)
- ☐ 7. No known material change in economic circumstances

## SEC. IV. Payment to County for Institutional Care (ANB only) under Welfare and Institutions Code Section 3044.1

| TYPE OF CARE                              | BEGIN PAYMENT                                      | DISCONTINUE PAYMENT                             |
|---|--|---|
| Check one:                                | Effective date _____                               | Effective date _____                            |
| <input type="checkbox"/> County hospital  | Amount of recipient's grant when admitted \$ _____ | Reason for discontinuance (check one):          |
| <input type="checkbox"/> County infirmary |  | <input type="checkbox"/> Discharge } Date _____ |
|   |  | <input type="checkbox"/> Death }                |

## SEC. V.

Approved by the Board of Supervisors of the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

RESERVE FOR STATE

Review \_\_\_\_\_ Date \_\_\_\_\_

Audit \_\_\_\_\_ Date \_\_\_\_\_

[SIGNED] \_\_\_\_\_ County Clerk or Deputy

FORM BL 232 (revised)—September, 1946

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(Section continued on next page)



STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

FORM AG 232

## NOTICE OF CHANGE

## Old Age Security

Submit two copies to State Department of Social Welfare for discontinuances (including discontinuance of payment to county for hospital or infirmary care), restorations, and payment to county for hospital or infirmary care; one copy for other changes. SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR.

County \_\_\_\_\_ County No. \_\_\_\_\_ State No. \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

## SEC. I. Aid to the Individual Recipient

| Change<br>(1)                                | Effective Date of Change<br>(2) | OAS Grant From Date of Change<br>(3)                       | INCOME OTHER THAN OAS GRANT              |                                      | NEED IN EXCESS OF MAXIMUM GRANT |   |
|--|---------------------------------|--|--|--------------------------------------|---------------------------------|---|
|  |                                 |  | Total Income Other Than OAS Grant<br>(4) | Sources and Amounts of Income<br>(5) | Total Need<br>(6)               | Nature and Amount of Each Excess Need and How Verified<br>(7) |
| DECREASE                                     |                                 |  |  |                                      |                                 |   |
| INCREASE                                     |                                 |  |  |                                      |                                 |   |
| RESTORATION                                  |                                 |  |  |                                      |                                 |   |
| DISCONTINUANCE                               |                                 | Sec. II and Sec. III must be completed for Discontinuances |  |                                      |                                 |   |
| CHANGE IN NEED OR INCOME. NO CHANGE IN GRANT |                                 |  |  |                                      |                                 |   |

REASON FOR CHANGE—*Except Discontinuance:* (Give date of release from institution if restored for this reason. If restored following discontinuance because of employment, state date of applicant's signed request for restoration.)

## SEC. II. Discontinuance of Aid to the Individual Recipient

A. Date ineligibility discovered \_\_\_\_\_

B. Date of last previous county investigation \_\_\_\_\_

C. Reason for discontinuance of aid to recipient \_\_\_\_\_

(Check applicable reason appearing first on list)

☐ 1. Death. Date \_\_\_\_\_

Income to recipient from:

☐ 2. Earnings of recipient☐ 3. Earnings of spouse☐ 4. Other resources of spouse☐ 5. Contribution from adult children☐ 6. Contributions from others☐ 7. Income from property (Specify) \_\_\_\_\_☐ 8. Income from other sources (Specify) \_\_\_\_\_

Non-income reasons:

☐ 9. Subsequent information disproves eligibility originally established (Explain below) \_\_\_\_\_☐ 10. Change in law or policy (Specify) \_\_\_\_\_☐ 11. Refusal after acceptance to comply with established regulations (Specify) \_\_\_\_\_☐ 12. Excess property☐ 13. In county hospital (medical care) more than two months.

Date of admission \_\_\_\_\_

Determination of probable hospitalization period:

☐ 2 months or less from date of admission☐ More than 2 months from date of admission☐ 14. Admitted to county infirmary (Custodial care)

Date \_\_\_\_\_

☐ 15. Admitted to other public institution.

Date \_\_\_\_\_

Name of Institution \_\_\_\_\_

☐ 16. Accepted for ANB or APSB☐ 17. Loss of State residence☐ 18. Transferred to \_\_\_\_\_ county☐ 19. Other reason (Explain fully under "Remarks") \_\_\_\_\_

## REMARKS:

If discontinuance is due to excess income or property (Items C.2-C.8 and C.12), state total amount of income, type and value of property, and date excess first received or acquired. Should a refund be due, state possibility of or plans for its collection.

☐ Check here if this information on excess income or property is not now available but will be submitted later.

## SEC. III. Material Change in Economic Circumstances of Cases Discontinued (Exclude Death)

(Check applicable item appearing first on list)

☐ 1. Employment or increased earnings of recipient☐ 2. Employment or increased earnings of other person in home☐ 3. Allowance, pension, or other payment connected with military service, received by person in home☐ 4. Increased support from person outside home☐ 5. Increase in other resources of person in home☐ 6. Other material change in economic circumstances

(Including decreased need without change in resources)

☐ 7. No known material change in economic circumstances

## SEC. IV. Payment to County for Institutional Care Under Welfare and Institutions Code Section 2160.7

| TYPE OF CARE                              | BEGIN PAYMENT                    | DISCONTINUE PAYMENT                             |
|---|----------------------------------|---|
| Check one:                                | Effective date _____             | Effective date _____                            |
| <input type="checkbox"/> County hospital  | Amount of recipient's grant when | Reason for discontinuance (check one):          |
| <input type="checkbox"/> County infirmary | admitted \$ _____                | <input type="checkbox"/> Discharge } Date _____ |
|   |                                  | <input type="checkbox"/> Death }                |

## SEC. V.

Approved by the Board of Supervisors of the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

RESERVE FOR STATE

Review \_\_\_\_\_ Date \_\_\_\_\_

Audit \_\_\_\_\_ Date \_\_\_\_\_

FORM AG 232 (revised)—September, 1946

[Signed] \_\_\_\_\_ County Clerk or Deputy

(Section continued on next page)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

FORM CA 232

## Notice of Change—Aid to Needy Children

Submit two copies to State Department of Social Welfare for discontinuances, restorations, and changes of payee; one copy for other changes. SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR.

County \_\_\_\_\_ County No. \_\_\_\_\_ State No. \_\_\_\_\_

Date \_\_\_\_\_

Family Name \_\_\_\_\_

Payee From Date of Change \_\_\_\_\_

## SEC. I.

| (1)<br>NAMES OF CHILDREN | (2)<br>EFFECTIVE DATE OF CHANGE | (3)<br>NATURE OF CHANGE<br>Increase, Decrease, Restoration,<br>Change of Payee, or Discontinuation | (4)<br>TOTAL AMOUNT CHILDREN'S<br>AID PER MONTH GRANTED<br>FROM DATE OF CHANGE | (5)<br>ELIGIBLE FEDERAL<br>PARTICIPATION |    |
|--------------------------|---------------------------------|--|--|--|----|
|                          |                                 |  |  | Yes                                      | No |
| 1                        |                                 |  |  |  |    |
| 2                        |                                 |  |  |  |    |
| 3                        |                                 |  |  |  |    |
| 4                        |                                 |  |  |  |    |
| 5                        |                                 |  |  |  |    |
| 6                        |                                 |  |  |  |    |
| 7                        |                                 |  |  |  |    |
| 8                        |                                 |  |  |  |    |
| 9                        |                                 |  |  |  |    |
| 10                       |                                 |  |  |  |    |

REASON FOR CHANGE: (Except Discontinuation) In reporting decrease—Give source of income \_\_\_\_\_

## SEC. II. Discontinuation of Aid

A. Date ineligibility occurred \_\_\_\_\_ B. Date of discovery \_\_\_\_\_ C. Date ineligibility verified \_\_\_\_\_

D. Classification: ☐ WO ☐ HO ☐ AF ☐ ILLEG. ☐ PCI ☐ CIF ☐ TBF ☐ ABD. ☐ FDLG.

## E. Reason for discontinuation of aid

(Check applicable reason appearing first on list)

Now receiving adequate care due to:

- ☐ 1. Earnings of father  
☐ 2. Earnings of mother  
☐ 3. Earnings of dependent child  
☐ 4. Support by stepfather  
☐ 5. Contributions from others  
☐ 6. Income from other sources (specify) \_\_\_\_\_

## Other Reasons:

- ☐ 7. Subsequent information disproves eligibility originally established  
☐ 8. Change in law or policy (specify) \_\_\_\_\_  
☐ 9. Child reached eighteenth birthday  
☐ 10. Father no longer incapacitated for gainful work  
☐ 11. Parent discharged from institution

- ☐ 12. Absent father returned  
☐ 13. Refusal after acceptance to comply with established regulations (specify) \_\_\_\_\_

- ☐ 14. Excess assets acquired subsequent to approval

- ☐ 15. Child in county hospital. Date of admission \_\_\_\_\_  
Check the following for cases eligible for Federal participation:

Determination of probable hospitalization period:

- ☐ Two months or less from date of admission  
☐ More than two months from date of admission

- ☐ 16. Child admitted to other public institution

Name of Institution \_\_\_\_\_

- ☐ 17. Loss of State residence

- ☐ 18. Transferred to \_\_\_\_\_ County

- ☐ 19. Other reason (specify fully under "remarks") \_\_\_\_\_

## REMARKS:

SHOULD REPAYMENT OF AID BE DUE, STATE REASON, AND POSSIBILITY OF OR PLAN FOR ITS COLLECTION IN SPACE ABOVE

## SEC. III. Material change in economic circumstances of discontinued cases (exclude death)

(Check applicable item appearing first on list)

Employment or increased earnings of:

- ☐ 1. Father or person acting in his place  
☐ 2. Mother or person acting in her place  
☐ 3. Dependent child  
☐ 4. Other person in home  
☐ 5. Support by remarriage of parent  
☐ 6. Allowance, pension, or other payment connected with military service, received by person in home

- ☐ 7. Increased support from person outside home (other than that reported in Items 1 and 2)

- ☐ 8. Increase in other resources of person in home

- ☐ 9. Other material change in economic circumstances (including decreased need without change in resources)

- ☐ 10. No known material change in economic circumstances

## SEC. IV. Complete this section for change of school status children, 16-18, otherwise eligible for Federal participation

Name of Child \_\_\_\_\_

Date of Enrollment—OR—Date of Termination \_\_\_\_\_

Date of Verification \_\_\_\_\_

[SIGNED] \_\_\_\_\_

Signature of County Public Assistance Worker

## SEC. V. A. Child is in home eligible for Federal participation

I herewith make application for Aid to Needy Children for the above named children who will be maintained by me in my home.

[SIGNED] \_\_\_\_\_

Signature of Payee and Relationship \_\_\_\_\_

Address Where Children Will Be Maintained \_\_\_\_\_

## B. Child is in home ineligible for Federal participation

I HEREBY CERTIFY That the signature of a new payee is contained in the county files.

[SIGNED] \_\_\_\_\_

Signature of County Official or Other Person Responsible for Placement of Children \_\_\_\_\_

SEC. VI. Approved by the Board of Supervisors of the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

RESERVE FOR STATE

[SIGNED] \_\_\_\_\_

County Clerk or Deputy

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Audit Clerk \_\_\_\_\_ Date \_\_\_\_\_

FORM CA 232 (revised)—September, 1946

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569-99 (Continued)

569-99

FORM BL 237

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

MONTHLY STATISTICAL REPORT ON AID TO NEEDY BLIND  
AND AID TO PARTIALLY SELF-SUPPORTING BLIND  
TO THE STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO, CALIFORNIA

COUNTY \_\_\_\_\_ COUNTY AGENCY \_\_\_\_\_  
REPORT FOR THE MONTH OF \_\_\_\_\_, 19 \_\_\_\_\_

|   | AID TO<br>NEEDY<br>BLIND<br>PROGRAM | AID TO<br>PARTIALLY<br>SELF-SUPPORTING<br>BLIND PROGRAM |
|---|-------------------------------------|---|
| <b>A. APPLICATION MOVEMENT:</b>   |                                     |   |
| 1. APPLICATIONS ACTUALLY BROUGHT FORWARD FROM LAST MONTH (ITEM 1A PLUS OR MINUS ITEM 1B) . . . . .      |                                     |   |
| A. APPLICATIONS SHOWN AS PENDING BY ITEM 5 OF LAST MONTH'S REPORT . .                                   |                                     |   |
| B. INVENTORY ADJUSTMENT, IF ANY . . . . .   |                                     |   |
| 2. TOTAL APPLICATIONS RECEIVED DURING MONTH (SUM OF ITEMS 2A THROUGH 2C) .                              |                                     |   |
| A. ANB CASES APPLYING FOR APSB . . . . .  | XXXXXX                              |   |
| B. APSB CASES APPLYING FOR ANB . . . . .  |                                     | XXXXXX  |
| C. ALL OTHER APPLICATIONS . . . . .   |                                     |   |
| 3. TOTAL APPLICATIONS DURING MONTH (SUM OF ITEMS 1 AND 2) . . . . .                                     |                                     |   |
| 4. TOTAL APPLICATIONS DISPOSED OF DURING MONTH (SUM OF ITEMS 4A THROUGH 4D)                             |                                     |   |
| A. APPLICATIONS GRANTED (SAME AS ITEM 7) . . . . .  |                                     |   |
| B. APPLICATIONS DENIED . . . . .  |                                     |   |
| C. APPLICATIONS WITHDRAWN . . . . .   |                                     |   |
| D. APPLICATIONS DISPOSED OF FOR OTHER REASONS . . . . .   |                                     |   |
| 5. APPLICATIONS PENDING AT END OF MONTH (ITEM 3 MINUS ITEM 4) . . . . .                                 |                                     |   |
| <b>B. CASE MOVEMENT:</b>  |                                     |   |
| 6. CASES ACTUALLY BROUGHT FORWARD FROM LAST MONTH (ITEM 6A PLUS OR MINUS ITEM 6B) . . . . .             |                                     |   |
| A. CASES SHOWN AS APPROVED CASE LOAD BY ITEM 10 OF LAST MONTH'S REPORT                                  |                                     |   |
| B. INVENTORY ADJUSTMENT, IF ANY . . . . .   |                                     |   |
| 7. TOTAL CASES ADDED DURING THIS MONTH (SUM OF ITEMS 7A THROUGH 7F; SAME AS ITEM 4A ABOVE) . . . . .    |                                     |   |
| A. NEW CASES - THIS AID NEVER PREVIOUSLY RECEIVED IN CALIFORNIA . . .                                   |                                     |   |
| B. CASES REINSTATED - THIS AID LAST DISCONTINUED IN PRIOR FISCAL YEAR                                   |                                     |   |
| C. CASES REINSTATED - THIS AID LAST DISCONTINUED IN THIS FISCAL YEAR .                                  |                                     |   |
| D. CASES TRANSFERRED FROM OTHER COUNTIES . . . . .  |                                     |   |
| E. ANB CASES PLACED UNDER APSB PROGRAM . . . . .  | XXXXXX                              |   |
| F. APSB CASES PLACED UNDER ANB PROGRAM . . . . .  |                                     | XXXXXX  |
| 8. TOTAL CASES DURING MONTH (SUM OF ITEMS 6 AND 7; ALSO SUM OF ITEMS 8A AND 8B) . . . . .               |                                     |   |
| A. NUMBER OF CASES ON APPROVED ROLLS FOR WHOM WARRANTS WERE ISSUED . .                                  |                                     |   |
| B. NUMBER OF CASES ON APPROVED ROLLS FOR WHOM WARRANTS WERE NOT ISSUED                                  |                                     |   |
| 9. CASES DISCONTINUED DURING MONTH (SUM OF ITEMS 9A THROUGH 9C) . . . . .                               |                                     |   |
| A. TRANSFERRED TO APSB FROM ANB . . . . .   |                                     | XXXXXX  |
| B. TRANSFERRED TO ANB FROM APSB . . . . .   | XXXXXX                              |   |
| C. DISCONTINUED FOR OTHER REASONS . . . . .   |                                     |   |
| 10. CASES CONTINUED TO NEXT MONTH (ITEM 8 MINUS ITEM 9) . . . . .                                       |                                     |   |
| <b>C. OBLIGATIONS INCURRED FOR ASSISTANCE PAYMENTS:</b>   |                                     |   |
| 11. TOTAL OBLIGATIONS INCURRED (SUM OF ITEMS 11A THROUGH 11C) . . . . .                                 | \$                                  | \$  |
| A. FEDERAL SHARE . . . . .  |                                     | XXXXXX  |
| B. STATE SHARE . . . . .  |                                     |   |
| C. COUNTY SHARE . . . . .   |                                     |   |
| <b>D. PAYMENTS CLAIMED FOR INSTITUTIONAL CARE OF FORMER ANB RECIPIENTS:</b><br>(W. & I. C. Sec. 3044.1) |                                     |   |
| 12. NUMBER OF CASES . . . . .   |                                     | XXXXXX  |
| 13. TOTAL AMOUNT CLAIMED FROM THE STATE FOR THIS MONTH . . . . .  |                                     | XXXXXX  |
| NOTE: NOT TO EXCEED \$20 PER REGULAR CASE OR \$40 PER NON-COUNTY CASE.                                  |                                     |   |

(SIGNATURE OF REPORTING OFFICER) \_\_\_\_\_ (TITLE) \_\_\_\_\_  
(DATE) \_\_\_\_\_

FORM BL 237, REVISED AUGUST, 1945

(Section continued on next page)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

MONTHLY STATISTICAL REPORT ON OLD AGE SECURITY  
TO THE STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO, CALIFORNIA

COUNTY \_\_\_\_\_

REPORT FOR THE MONTH OF \_\_\_\_\_

19\_\_\_\_

## A. APPLICATION MOVEMENT:

1. APPLICATIONS ACTUALLY BROUGHT FORWARD FROM LAST MONTH (ITEM 1A PLUS OR MINUS ITEM 1B) . . . . .
  - A. APPLICATIONS SHOWN AS PENDING BY ITEM 5 OF LAST MONTH'S REPORT
  - B. INVENTORY ADJUSTMENT, IF ANY (EXPLAIN ON REVERSE SIDE) . . . .
2. APPLICATIONS RECEIVED DURING MONTH . . . . .
3. TOTAL APPLICATIONS DURING MONTH (SUM OF ITEMS 1 AND 2) . . . . .
4. TOTAL APPLICATIONS DISPOSED OF DURING MONTH (SUM OF ITEMS 4A THROUGH 4D) . . . . .
  - A. APPLICATIONS GRANTED (SAME AS ITEM 7) . . . . .
  - B. APPLICATIONS DENIED . . . . .
  - C. APPLICATIONS WITHDRAWN . . . . .
  - D. APPLICATIONS DISPOSED OF FOR OTHER REASONS . . . . .
5. APPLICATIONS PENDING AT END OF MONTH (ITEM 3 MINUS ITEM 4) . . . . .

## B. CASE MOVEMENT:

6. CASES ACTUALLY BROUGHT FORWARD FROM LAST MONTH (ITEM 6A PLUS OR MINUS ITEM 6B) . . . . .
  - A. CASES SHOWN AS APPROVED CASE LOAD BY ITEM 10 OF LAST MONTH'S REPORT . . . . .
  - B. INVENTORY ADJUSTMENT, IF ANY (EXPLAIN ON REVERSE SIDE) . . . .
7. TOTAL CASES ADDED DURING THIS MONTH (SUM OF ITEMS 7A THROUGH 7D; ALSO SAME AS ITEM 4A ABOVE) . . . . .
  - A. NEW CASES - THIS AID NEVER PREVIOUSLY RECEIVED IN CALIFORNIA .
  - B. CASES REINSTATED - THIS AID LAST DISCONTINUED IN PRIOR FISCAL YEAR . . . . .
  - C. CASES REINSTATED - THIS AID LAST DISCONTINUED IN THIS FISCAL YEAR . . . . .
  - D. CASES TRANSFERRED FROM OTHER COUNTIES . . . . .
8. TOTAL CASES ON APPROVED ROLLS DURING MONTH (SUM OF ITEMS 6 AND 7; ALSO SUM OF ITEMS 8A AND 8B) . . . . .
  - A. NUMBER FOR WHOM WARRANTS WERE ISSUED . . . . .
  - B. NUMBER FOR WHOM WARRANTS WERE NOT ISSUED . . . . .
9. CASES DISCONTINUED DURING MONTH . . . . .
10. CASES CONTINUED TO NEXT MONTH (ITEM 8 MINUS ITEM 9) . . . . .

## C. OBLIGATIONS INCURRED FOR ASSISTANCE PAYMENTS:

11. TOTAL OBLIGATIONS INCURRED (SUM OF ITEMS 11A, 11B, AND 11C) . . . . .
  - A. FEDERAL SHARE . . . . .
  - B. STATE SHARE . . . . .
  - C. COUNTY SHARE . . . . .

D. PAYMENTS CLAIMED FOR INSTITUTIONAL CARE OF FORMER OAS RECIPIENTS;  
(W. & I. C. SEC. 2160.7)

12. NUMBER OF CASES . . . . .
13. TOTAL AMOUNT CLAIMED FROM THE STATE FOR THIS MONTH . . . . .  
NOTE: NOT TO EXCEED \$25 PER REGULAR CASE OR \$30 PER NON-COUNTY CASE

(SIGNATURE OF REPORTING OFFICER) \_\_\_\_\_

(TITLE) \_\_\_\_\_

FORM AG 237, REVISED AUGUST, 1945

(DATE) \_\_\_\_\_

19\_\_\_\_

(Section continued on next page)



569-99 (Continued)

569-99

FORM GR 237

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

MONTHLY STATISTICAL REPORT ON GENERAL RELIEF  
TO THE STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO, CALIFORNIA

COUNTY

REPORT FOR THE MONTH OF

, 19

## A. CASES APPROVED FOR GENERAL HOME RELIEF (DO NOT INCLUDE CASES REPORTED IN PARTS C AND D)

1. CONTINUED FROM PRECEDING MONTH (IF DIFFERENT FROM ITEM 5 OF PRECEDING MONTH'S REPORT EXPLAIN DIFFERENCE ON REVERSE SIDE) . . . . .

2. TOTAL ADDED DURING MONTH (2A PLUS 2B) . . . . .

A. NEW: NEVER PREVIOUSLY RECEIVED GENERAL HOME RELIEF . . . . .

B. RESTORED: PREVIOUSLY RECEIVED GENERAL HOME RELIEF . . . . .

3. TOTAL ACTIVE DURING MONTH (1 PLUS 2; ALSO 3A PLUS 3B) . . . . .

A. RECEIVED GENERAL HOME RELIEF (SAME AS ITEM 6, COL. 1) . . . . .

B. RECEIVED NO GENERAL HOME RELIEF . . . . .

4. TOTAL DISCONTINUED DURING MONTH (SUM OF 4A THROUGH 4P) . . . . .

A. DEATH . . . . .

4B - 4F: MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES

B. EMPLOYMENT OR INCREASED EARNINGS OF PERSON IN HOME . . . . .C. ALLOWANCE, PENSION OR PAYMENT CONNECTED WITH MILITARY SERVICE,  
RECEIVED BY PERSON IN HOME . . . . .D. INCREASED SUPPORT FROM RELATIVES OR FRIENDS OUTSIDE HOME . . . . .E. INCREASE IN OTHER RESOURCES OF PERSON IN HOME . . . . .F. OTHER MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES (INCLUDE DECREASED  
NEED, ETC.) . . . . .

4G - 4P: NO KNOWN MATERIAL CHANGE IN ECONOMIC CIRCUMSTANCES

G. ORIGINALLY INELIGIBLE . . . . .

H. CHANGE IN LAW OR AGENCY POLICY (SPECIFY POLICY ON REVERSE SIDE) . . . . .

I. REFUSAL TO COMPLY WITH AGENCY POLICY (SPECIFY POLICY ON REVERSE SIDE) . . . . .

J. EXCESS PROPERTY . . . . .

K. ADMITTED TO INSTITUTION . . . . .

L. RECEIPT OF ANOTHER TYPE OF PUBLIC OR PRIVATE AID . . . . .

M. RECEIPT OF AID FROM ANOTHER JURISDICTION . . . . .

N. MOVED OUT OF COUNTY . . . . .

O. OTHER KNOWN REASON (IF MORE THAN 5% OF ITEM 4 TOTAL, SHOW BREAKDOWN  
BY MAJOR REASONS ON REVERSE SIDE) . . . . .

P. REASON UNKNOWN OR UNREPORTED . . . . .

5. CONTINUED TO FOLLOWING MONTH (3 MINUS 4) . . . . .

## B. OBLIGATIONS INCURRED FOR GENERAL HOME RELIEF: DETAIL FOR CASES REPORTED UNDER ITEM 3A

| RECIPIENT  | CASES<br>(1) | PERSONS<br>(2) | OBLIGATIONS INCURRED DURING MONTH |             |              |
|--|--------------|----------------|-----------------------------------|-------------|--------------|
|  |              |                | CASH<br>(3)                       | KIND<br>(4) | TOTAL<br>(5) |
| 6. TOTAL RECIPIENTS (6A PLUS 6B) . . . . .   |              |                |                                   |             |              |
| A. FAMILY CASES . . . . .  |              |                |                                   |             |              |
| B. ONE-PERSON CASES . . . . .  |              |                |                                   |             |              |
| C. SUPPLEMENTATION OF AID GRANTS UNDER OTHER PUBLIC ASSISTANCE PROGRAMS<br>(DO NOT INCLUDE ELSEWHERE IN THIS REPORT)   |              |                |                                   | PERSONS     | OBLIGATIONS  |
| 7. SUPPLEMENTAL AID FROM COUNTY FUNDS TO OAS RECIPIENTS . . . . .  |              |                |                                   |             |              |
| 8. SUPPLEMENTAL AID FROM COUNTY FUNDS TO ANB OR APSB RECIPIENTS . . . . .  |              |                |                                   |             |              |
| D. OTHER GENERAL RELIEF FROM COUNTY INDIGENT FUND (DO NOT INCLUDE PERSONS OR<br>OBLIGATIONS REPORTED IN PARTS A, B AND C, OR AID FROM SOURCES OTHER THAN<br>INDIGENT FUND) |              |                |                                   |             |              |
| 9. BOARDING HOME CARE OF CHILDREN (EXCLUDE ANC CASES) . . . . .  |              |                |                                   |             |              |
| 10. BOARDING HOME CARE OF ADULT PERSONS (EXCLUDE OAS, ANB, OR APSB) . . . . .  |              |                |                                   |             |              |
| 11. HOSPITALIZATION . . . . .  |              |                |                                   |             |              |
| 12. MEDICAL AND DENTAL CARE . . . . .  |              |                |                                   |             |              |
| 13. BURIALS . . . . .  |              |                |                                   |             |              |
| 14. SHORT-TERM CARE, SUCH AS SINGLE MEALS, OVERNIGHT LODGINGS, ETC . . . . .   |              |                |                                   |             |              |
| 15. TRANSPORTATION COSTS TO PLACE OF RESIDENCE . . . . .   |              |                |                                   |             |              |
| 16. OTHER (SPECIFY) . . . . .  |              |                |                                   |             |              |

PERSON REPORTING

TITLE

FORM GR 237 (REVISED JUNE, 1946)

(Section continued on next page)

STATE OF CALIFORNIA

MONTHLY STATISTICAL REPORT ON AID TO NEEDY CHILDREN  
TO THE STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO, CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

COUNTY \_\_\_\_\_ COUNTY AGENCY \_\_\_\_\_ REPORT FOR MONTH OF \_\_\_\_\_, 196

|  | COLUMN I<br>BOARDING<br>HOMES AND<br>INSTITUTIONS<br>PROGRAM<br>(CHILDREN) | COLUMN II<br>FAMILY GROUPS | COLUMN III<br>CHILDREN |
|--|--|----------------------------|------------------------|
| <b>A. APPLICATION MOVEMENTS:</b>   |  |                            |                        |
| 1. APPLICATIONS ACTUALLY BROUGHT FORWARD FROM LAST MONTH (ITEM 1A PLUS OR MINUS ITEM 1B) . . . . .   |  |                            |                        |
| A. APPLICATIONS SHOWN AS PENDING BY ITEM 5 OF LAST MONTH'S REPORT . .                                |  |                            |                        |
| B. INVENTORY ADJUSTMENT, IF ANY . . . . .  |  |                            |                        |
| 2. TOTAL APPLICATIONS RECEIVED DURING MONTH (SUM OF ITEMS 2A THROUGH 2C)                             |  |                            |                        |
| A. CHILDREN IN FAMILY GROUPS PLACED IN BOARDING HOMES AND INSTITUTIONS                               |  | XXXXXX                     | XXXXXX                 |
| B. CHILDREN IN BOARDING HOMES AND INSTITUTIONS PLACED IN FAMILY GROUPS                               | XXXXXX   |                            |                        |
| C. ALL OTHER APPLICATIONS . . . . .  |  |                            |                        |
| 3. TOTAL APPLICATIONS DURING MONTH (SUM OF ITEMS 1 AND 2) . . . . .                                  |  |                            |                        |
| 4. TOTAL APPLICATIONS DISPOSED OF DURING MONTH (SUM OF ITEMS 4A THROUGH 4D) . . . . .                |  |                            |                        |
| A. APPLICATIONS GRANTED (SAME AS ITEM 7) . . . . .   |  |                            |                        |
| B. APPLICATIONS DENIED . . . . .   |  |                            |                        |
| C. APPLICATIONS WITHDRAWN . . . . .  |  |                            |                        |
| D. APPLICATIONS DISPOSED OF FOR OTHER REASONS . . . . .  |  |                            |                        |
| 5. APPLICATIONS PENDING AT END OF MONTH (ITEM 3 MINUS ITEM 4) . . . . .                              |  |                            |                        |
| <b>B. CASE MOVEMENT:</b>   |  |                            |                        |
| 6. CASES ACTUALLY BROUGHT FORWARD FROM LAST MONTH (ITEM 6A PLUS OR MINUS ITEM 6B) . . . . .          |  |                            |                        |
| A. CASES SHOWN AS APPROVED CASELOAD BY ITEM 10 OF LAST MONTH'S REPORT                                |  |                            |                        |
| B. INVENTORY ADJUSTMENT, IF ANY . . . . .  |  |                            |                        |
| 7. TOTAL CASES ADDED DURING THIS MONTH (SUM OF ITEMS 7A THROUGH 7F; SAME AS ITEM 4A ABOVE) . . . . . |  |                            |                        |
| A. NEW CASES - THIS AID NEVER PREVIOUSLY RECEIVED IN CALIFORNIA . . .                                |  |                            |                        |
| B. CASES REINSTATED - THIS AID LAST DISCONTINUED IN PRIOR FISCAL YEAR .                              |  |                            |                        |
| C. CASES REINSTATED - THIS AID LAST DISCONTINUED IN THIS FISCAL YEAR .                               |  |                            |                        |
| D. CASES TRANSFERRED FROM OTHER COUNTIES . . . . .   |  |                            |                        |
| E. CHILDREN IN FAMILY GROUPS PLACED IN BOARDING HOMES AND INSTITUTIONS                               |  | XXXXXX                     | XXXXXX                 |
| F. CHILDREN IN BOARDING HOMES AND INSTITUTIONS PLACED IN FAMILY GROUPS                               | XXXXXX   |                            |                        |
| 8. TOTAL CASES DURING MONTH (SUM OF ITEMS 6 AND 7; ALSO SUM OF ITEMS 8A AND 8B) . . . . .            |  |                            |                        |
| A. NUMBER OF CASES ON APPROVED ROLLS FOR WHOM WARRANTS WERE ISSUED . .                               |  |                            |                        |
| B. NUMBER OF CASES ON APPROVED ROLLS FOR WHOM WARRANTS WERE NOT ISSUED . . . . .                     |  |                            |                        |
| 9. CASES DISCONTINUED DURING MONTH . . . . .   |  |                            |                        |
| A. TRANSFERRED FROM FAMILY GROUPS TO BOARDING HOMES AND INSTITUTIONS .                               | XXXXXX   |                            |                        |
| B. TRANSFERRED FROM BOARDING HOMES AND INSTITUTIONS TO FAMILY GROUPS .                               |  | XXXXXX                     | XXXXXX                 |
| C. OTHER . . . . .   |  |                            |                        |
| 10. CASES CONTINUED TO NEXT MONTH (ITEM 8 MINUS ITEM 9) . . . . .                                    |  |                            |                        |
|  | COLUMN I<br>BOARDING<br>HOMES AND<br>INSTITUTIONS<br>PROGRAM               | COLUMN II<br>FAMILY GROUPS | COLUMN III<br>TOTAL    |
| <b>C. OBLIGATIONS INCURRED FOR ASSISTANCE PAYMENTS:</b>  |  |                            |                        |
| 11. TOTAL OBLIGATIONS INCURRED (SUM OF ITEMS 11A AND 11B) . . .                                      |  |                            |                        |
| A. TOTAL BASIS FOR STATE PARTICIPATION . . . . .   |  |                            |                        |
| 1. FEDERAL SHARE . . . . .   | XXXXXX   |                            |                        |
| 2. STATE SHARE . . . . .   |  |                            |                        |
| 3. COUNTY SHARE . . . . .  |  |                            |                        |
| B. TOTAL SUPPLEMENTAL COUNTY AID . . . . .   |  |                            |                        |
| 1. CASH . . . . .  |  |                            |                        |
| 2. KIND . . . . .  |  |                            |                        |

(SIGNATURE OF REPORTING OFFICER) \_\_\_\_\_  
(TITLE) \_\_\_\_\_  
(DATE) \_\_\_\_\_

FORM CA 237, REVISED NOVEMBER, 1964

(Section continued on next page)



569-99 (Continued)

569-99

STATE OF CALIFORNIA

FORM DPA-10  
DEPARTMENT OF SOCIAL WELFARE

## MONTHLY STATISTICAL REPORT ON PUBLIC ASSISTANCE REINVESTIGATIONS

COUNTY \_\_\_\_\_ REPORT FOR THE MONTH OF \_\_\_\_\_, 19\_\_\_\_  
(NOTE: "THIS MONTH" REFERS TO THE MONTH COVERED BY THE REPORT.)

|   | OLD<br>AGE<br>SECURITY | AID TO<br>THE<br>BLIND* | AID TO<br>NEEDY<br>CHILDREN** |
|---|------------------------|-------------------------|-------------------------------|
| 1. OVERDUE REINVESTIGATIONS BROUGHT FORWARD<br>(ITEM 1A PLUS OR MINUS ITEM 1B) . . . . .  |                        |                         |                               |
| A. REINVESTIGATIONS REPORTED AS OVERDUE IN ITEM 7 OF LAST MONTH'S<br>REPORT. . . . .  |                        |                         |                               |
| B. INVENTORY ADJUSTMENT (IF ANY) . . . . .  |                        |                         |                               |
| 2. REINVESTIGATIONS BECOMING DUE <u>THIS MONTH</u> . . . . .  |                        |                         |                               |
| 3. TOTAL REINVESTIGATIONS DUE <u>THIS MONTH</u> . (SUM OF ITEMS 1 AND 2) . . . . .  |                        |                         |                               |
| 4. REINVESTIGATIONS CANCELLED BECAUSE OF DISCONTINUANCE (IF DUE <u>THIS MONTH</u><br>OR IN A <u>PRIOR MONTH</u> ) . . . . .     |                        |                         |                               |
| REINVESTIGATIONS COMPLETED THIS MONTH:  |                        |                         |                               |
| 5. DUE <u>THIS MONTH</u> OR IN A <u>PRIOR MONTH</u> . . . . .   |                        |                         |                               |
| 6. DUE IN A FUTURE MONTH . . . . .  | ( - - - - )            | ( - - - - )             | ( - - - - )                   |
| 7. TOTAL REINVESTIGATIONS OVERDUE AT END OF <u>THIS MONTH</u> .<br>(ITEM 3 MINUS ITEMS 4 AND 5; ALSO SUM OF 7A AND 7B). . . . . |                        |                         |                               |
| A. REINVESTIGATIONS OVERDUE 12 MONTHS OR MORE. . . . .  |                        |                         |                               |
| B. REINVESTIGATIONS OVERDUE LESS THAN 12 MONTHS BY MONTH AND YEAR<br>WHEN DUE (SUM OF ENTRIES BY MONTHS) . . . . .              |                        |                         |                               |
| REMARKS:  |                        |                         |                               |
|   | JANUARY 19__           |                         |                               |
|   | FEBRUARY 19__          |                         |                               |
|   | MARCH 19__             |                         |                               |
|   | APRIL 19__             |                         |                               |
|   | MAY 19__               |                         |                               |
|   | JUNE 19__              |                         |                               |
|   | JULY 19__              |                         |                               |
|   | AUGUST 19__            |                         |                               |
|   | SEPTEMBER 19__         |                         |                               |
|   | OCTOBER 19__           |                         |                               |
|   | NOVEMBER 19__          |                         |                               |
|   | DECEMBER 19__          |                         |                               |

\* ANB AND APSB COMBINED.

\*\* INCLUDES ALL ANC REINVESTIGATIONS.

(SIGNATURE OF PERSON REPORTING) \_\_\_\_\_

(TITLE) \_\_\_\_\_

(DATE) \_\_\_\_\_

SUBMIT TWO COPIES TO STATE DEPARTMENT OF SOCIAL WELFARE  
FORM DPA 10, REVISED AUGUST, 1945

## 610-30 (Continued)

610-30

Likewise, when aid is granted pursuant to an order of the SSWB (after a hearing on appeal), the action of the board of supervisors by which the SSWB's order is executed constitutes the final action which unconditionally authorizes payment to be delivered to the appellant. The SSWB, when ordering aid paid on an appeal, in effect remands the case to the board of supervisors who alone have the power to direct disbursement of funds from the county treasury.

The authorization is mandatory with respect to its execution, except where payment of aid is withheld or suspended because of a cloud on eligibility (SEE SEC. 361-30, SUSPENSION PROCEDURE).

For the purposes of establishing the applicant's or recipient's accrued period of eligibility, and of computing the amount of payment due, the board of supervisors' authorization for payment of retroactive aid includes a determination of such retroactive period (SEE SEC. 361-25, RETROACTIVE AID PAYMENTS BY COUNTY). This period, however, has no bearing on the effective date of the authorization for payment. (W&IC 1560, 2140, 2181, 3075, 3460)

## 610-40 RECIPIENT OF PAYMENT

610-40

OAS, ANB, APSB, ANC

Payments of aid shall be made directly to the grantee or authorized payee, except under certain conditions following death when the provisions of Secs. 611-00, Payment When Grantee Dies, and 611-10, Payments When Child Dies, shall be followed.

In OAS, ANB, and APSB, when a guardian is the payee, Summary of Letters of Guardianship (Form DPA 5) shall be on file with the SDSW. (SEE SEC. 626-60, IDENTIFICATION ON AID PAY ROLLS.) The guardian's name shall appear on the pay roll together with the name of the grantee.

ANC payments shall be made to the person or institution providing care for the children on whose behalf the grant is made. Payments in every case where circumstances permit should be made to a payee eligible under the Social Security Act. (SEE SEC. 628-00, PAYEES ELIGIBLE UNDER SOCIAL SECURITY ACT.) (W&IC 1556.5, 1557, 1560, 2140, 2183, 3075, 3460; FSSB)

## 610-50 IDENTIFICATION ON WARRANTS

610-50

OAS, ANB, APSB, ANC

The payee's name shall appear on the warrant and on the pay roll exactly as his signature appears on the application (Form Ag, Bl, CA 200, Bl 200a), on the Summary of Letters of Guardianship (Form DPA 5) or, in ANC, on the latest Notice of Change (Form CA 232). (SEE SEC. 202-20, THE APPLICATION FORM.)

The state number assigned to the case may appear on the face of the warrant for further identification. It shall be used with the name in all correspondence, reports, records, and other data regarding the warrant. (W&IC 1560, 2140, 3075, 3460)



**610-10 MODE OF PAYMENT**  
OAS, ANB, APSB, ANC

610-10

All aid paid to recipients shall be by warrant of the county.

County warrants issued in payment of aid shall be redeemable at par. The financial condition of the county should at all times guarantee the cashing of warrants without discount. If it becomes necessary at some time for the county to register its warrants, the SDSW shall be notified at once as to arrangements made with local banks for the immediate cashing of warrants at par on demand.

Aid in kind is not subject to State and Federal participation. (W&IC 1560, 2140, 2183, 3075, 3460; POL. CODE 4082; FSSB)

**610-20 TIME OF PAYMENT**  
OAS, ANB, APSB, ANC

610-20

Payments of aid shall be made by county warrant monthly in advance, except payments of ANC for children who are living in boarding homes or institutions. Payment of ANC for such children may be made to the boarding home or institution either in advance or subsequent to the furnishing of care and support. One warrant may be issued to each boarding home or institution covering all children in the home to whom board and care is given during the month, or a separate warrant may be issued for each child or family group. (SEE SECS. 610-40, RECIPIENT OF PAYMENT, 611-60, INITIAL PAYMENTS, AND 361-25, RETROACTIVE AID PAYMENTS BY COUNTY.)

Payment is effected by deposit of the warrant, properly stamped and addressed, in the United States mail, or by delivery to the recipient or payee by an authorized representative of the county.

Advance payment means delivery of the warrant on or as near as possible to the first business day of the month as compliance with State and county regulations will permit; however, the warrant should not be deposited in the mail for delivery prior to the first day of each respective month.

All warrants shall be clearly marked to show the date of issuance. When the delivery date is other than the date of issuance shown on the warrant, the date of delivery shall be shown either on the warrant or on a separate record which shall be available for inspection by the SDSW.

If a recipient is eligible on the first day of the month, he is entitled to receive payment for the full month, even though his status changes at some time during the month (SEE SEC. 611-00, PAYMENT WHEN GRANTEE DIES.)

The State, Federal, and county portions of the aid shall be paid at one time by a single warrant. (W&IC 1550, 1552, 1556.5, 1558, 1560, 2140, 2160.6, 2182, 2182.1, 2183, 2183.9, 3044, 3075, 3082, 3084, 3444, 3460; FSSB)

**610-30 AUTHORIZATION FOR PAYMENT**  
OAS, ANB, APSB, ANC

610-30

Action of the board of supervisors granting, restoring, increasing or decreasing assistance constitutes the final action which unconditionally authorizes payment to be delivered to the specified payees. Such action authorizes delivery of the payment immediately, except where a future date is specified. With respect to continuing grants, the first day of each month (as provided by law) is the effective date of the continuing authorization for payment.

(Section Continued on Next Page)

MAIN OFFICE  
SACRAMENTO  
616 K STREET  
(14)

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET  
(13)

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET  
(3)

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento 14  
November 25, 1946

### SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN  
1680 NORTH VINE STREET  
LOS ANGELES

MRS. BERNICE H. CHIPMAN  
1100 UNION STREET  
SAN FRANCISCO

JOHN C. CUNEO  
922 J STREET  
MODESTO

GERALD C. KEPPLER  
135 NORTH BRIGHT AVENUE  
WHITTIER

REV. THOMAS H. MARKHAM  
409 NATIVE SONS' BUILDING  
SACRAMENTO

JOHN T. MARTIN  
1170 SEVENTH AVENUE  
SAN DIEGO

MRS. JESSIE S. WILLIAMSON  
2816 OAK KNOLL TERRACE  
BERKELEY

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:

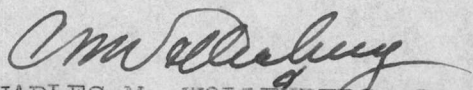
My dear Mr. Jordan:

Attached are three copies of the following regulations made by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 295 (3 Aids)

These regulations are filed in accordance with Section 11381 of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,

  
CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

206:b5  
Attachments

RECEIVED  
SACRAMENTO, CALIF.

1946 NOV 27 AM 9 47

FRANK M. JORDAN  
SECRETARY OF STATE  
STATE OF CALIFORNIA



Certified as a Regulation (or as  
Regulations) of

Dept of Social Welfare  
(Name of State Agency)

Amalia  
(Signature)

Director  
(Title)

11/25/46  
(Date)

MAIN OFFICE  
SACRAMENTO  
616 K STREET

EARL WARREN  
GOVERNOR

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
October 29, 1946

DEPARTMENT BULLETIN NO. 295 (3 AIDS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Computing Federal, State and  
County Shares of Repayments  
and Cancellations for Aid Paid  
After September 30, 1946.

Amendments to Title I of the Social Security Act as passed by Congress became effective October 1, 1946, as indicated in Department Bulletin 284.

The recent amendments have not resulted in a change of the present policy and procedure pertaining to the investigation, determination and cause, source of repayment, demand for repayment, allocation to periods, classification and reporting of adjustments and collections included in Financial Procedures - Repayments, Sections 670-00 through 674-99 of the Manual of Policies and Procedures. The only change is in the method of computation for arriving at the Federal, State, and County shares on repayments and cancellations.

The present examples A through E indicated under Section 672-50 of the Manual of Policies and Procedures remain unchanged and apply to the distribution of adjustments for aid paid through September 30, 1946, whereas the attached examples F through H will be used for adjustments of aid paid subsequent to September 30, 1946, and illustrate the distribution under the new Federal law.

Example B is an insertion to Section 673-25 of the Manual of Policies and Procedures and governs the distribution of collections applied to a period subsequent to September 30, 1946.

The following addition is made to Manual Section 628-05, Reporting of Cancelled Aid Warrants:

"In OAS and ANB separate Forms Ag and B1 804 shall be prepared for cancelled warrants covering months before and after October 1, 1946, due to the change in Federal participation on that date, so that the proper amounts of Federal and State shares may be computed on a total basis for each group of warrants."

No other change is contemplated in the procedure for reporting cancelled warrants, except that the distribution of Federal, State, and County shares covering warrants for October, 1946, and subsequent months, will be the same as those announced in the Department Bulletin 284 covering aid claims.

Very sincerely yours,

*Ch. M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

Attachments



672-50

Example F

An OAS recipient received a \$55.00 grant in October 1946. It was discovered in December 1946, too late to adjust the grant within the current adjustment period, that the recipient received income in October which he failed to report, and that a \$20.00 overpayment occurred in that month. (See Section 670-85, Overpayments caused by Income) Repayment of the \$20.00 overpayment was made by the recipient. The distribution of the repayment is as follows:

|                                 | <u>Total</u> | <u>Federal</u> | <u>State</u> | <u>County</u> |
|---------------------------------|--------------|----------------|--------------|---------------|
| Actual grant for October, 1946  | \$55.00      | \$25.00        | \$25.00      | \$5.00        |
| Correct grant for October, 1946 | 35.00        | 20.00          | 12.50        | 2.50          |
| Distribution of Adjustment      | \$20.00      | \$ 5.00        | \$12.50      | \$2.50        |
| Distribution Ratio              | 100%         | 25%            | 62.50%       | 12.50%        |

NOTICE OF REPAYMENT  
OLD AGE SECURITY

Check type

Collection

Adjustment

X

(See Section 672-50 - Example F)

County XXXXXXXXXXXXXXDate January 7, 1947To State Department of Social Welfare  
616 K Street  
Sacramento, CaliforniaName Roberts, JohnState No. 1804County No. 1300Date repayment received by Collection Officer January 3, 19 47Date repayment deposited with County Treasurer January 5, 19 47Period(s) for which aid collected was paid October, 1946Total amount of repayment \$20.00Net amount to be refunded to United States Government 5.00Net amount to be refunded to State of California 12.50Net amount to be refunded to County 2.50

Source of and reasons for repayment: (give full explanation)

Recipient received a grant of \$55.00 for October, 1946 while in receipt of unreported income. He was requested to repay \$20.00, the amount of the overpayment. The distribution is as follows:

|                            | Total   | Federal | State   | County |
|----------------------------|---------|---------|---------|--------|
| Grant for October 1946     | \$55.00 | \$25.00 | \$25.00 | \$5.00 |
| Should have claimed        | 35.00   | 20.00   | 12.50   | 2.50   |
| Distribution of Adjustment | \$20.00 | \$ 5.00 | \$12.50 | \$2.50 |
| Ratio of participation     | 100%    | 25%     | 62.50%  | 12.50% |

Deduction to be made from Aged Claim for month of January 19 47(Signature of  
Collection Officer) \_\_\_\_\_

County---To be used for one case only

SEND ONE COPY TO STATE DEPARTMENT OF SOCIAL WELFARE AT SACRAMENTO



REPORT OF ADJUSTMENTS

SUBMIT TWO COPIES TO  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIA

FROM XXXXXX COUNTY

FOR AID TO NEEDY AGED PERSONS

TO ACCOMPANY JANUARY 1947, MONTHLY AGED CLAIM

| (1)<br>NAME<br>FAMILY GIVEN | (2)<br>STATE NUMBER | (3)<br>PERIOD COVERED<br>BY ADJUSTMENT | (4)<br>REASON FOR ADJUSTMENT | (5)<br>TOTAL AMOUNT<br>OF ADJUSTMENT | (6)<br>FEDERAL | (7)<br>STATE | (8)<br>COUNTY | (9)<br>REMARKS  |
|-----------------------------|---------------------|--|------------------------------|--------------------------------------|----------------|--------------|---------------|---|
| Dawson, Albert              | 1002                | 3/1/43 - 8/31/43                       | Excess Income                | 10.00                                | 3.33           | 4.45         | 2.22          | (See Sec. 672-50, Distribution of Adjustments, Example A) |
| Roberts, John               | 1804                | October 1946                           | Excess Income                | 20.00                                | 5.00           | 12.50        | 2.50          | (See Sec. 672-50, Distribution of Adjustments, Example F) |
|                             |                     |  | Totals                       | 30.00                                | 8.33           | 16.95        | 4.72          |   |

672-50

Example G

Aid to Needy Blind of \$60.00 was paid to a recipient for the month of October 1946. It was later discovered that the recipient received undisclosed income in October which resulted in an overpayment of \$25.00 in that month. (See Section 670-85, Overpayments caused by Income) Since the recipient did not report receipt of the contribution in time for an adjustment in the grant of aid during the current adjustment period, (See Section 151-00, Definition of Income, and 361-10, Decrease in Grant), he made a repayment of \$25.00 to adjust for the overpayment.

The distribution of the repayment is as follows:

|                                   | <u>Total</u> | <u>Federal</u> | <u>State</u> | <u>County</u> |
|-----------------------------------|--------------|----------------|--------------|---------------|
| Actual grant for October, 1946    | \$60.00      | \$25.00        | \$17.50      | \$17.50       |
| Corrected grant for October, 1946 | 35.00        | 20.00          | 7.50         | 7.50          |
| Distribution of Adjustment        | \$25.00      | \$ 5.00        | \$10.00      | \$10.00       |
| Distribution Rates                | 100%         | 20%            | 40%          | 40%           |



State of California

Department of Social Welfare

Check Type

Collection ☐

Adjustment ☒

NOTICE OF REPAYMENT  
AID TO BLIND

(See Section 672-50 Example G)

County.....XXXXXXXXXX

Date.....4/26/47

Name.....Cook, James

State.....146

County No.....47

To STATE DEPARTMENT OF SOCIAL WELFARE  
616 K Street  
Sacramento, California

Date repayment received by Collection Officer.....4/10.....19.47

Date repayment deposited with County Treasurer.....4/11.....19.47

Period(s) for which aid collected was paid.....October, 1946

Total amount of repayment.....\$25.00

Net amount to be refunded to United States Government.....5.00

Net amount to be refunded to State of California.....10.00

Net amount to be refunded to County.....10.00

Source of and reasons for repayment (give full explanation)

Undisclosed income received in October 1946 resulted in a \$25.00 overpayment for the month.

|                            | Total   | Federal | State   | County  |
|----------------------------|---------|---------|---------|---------|
| Actual grant for 10/46     | \$60.00 | \$25.00 | \$17.50 | \$17.50 |
| Corrected grant for 10/46  | 35.00   | 20.00   | 7.50    | 7.50    |
| Distribution of Adjustment | \$25.00 | \$ 5.00 | \$10.00 | \$10.00 |
| Ratio of participation     | 100%    | 20%     | 40%     | 40%     |

Deduction to be made from Blind Claim for month of.....April.....19.47

(Signature of  
Collection Officer).....

County--To be used for one case only

SEND ONE COPY TO STATE DEPARTMENT OF SOCIAL WELFARE AT SACRAMENTO

FORM BL 403 (REVISED)--DECEMBER, 1941  
(FORMERLY BL 42-DFA)  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
ADJUSTMENT SCHEDULE TO ACCOMPANY  
MONTHLY BLIND CLAIM

REPORT OF ADJUSTMENTS  
XXXXXXX  
FROM \_\_\_\_\_ COUNTY

SUBMIT THREE COPIES TO  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIA

FOR AID TO NEEDY BLIND PERSONS  
TO ACCOMPANY \_\_\_\_\_ APRIL \_\_\_\_\_ 1947, MONTHLY BLIND CLAIMS

| (1)<br>NAME<br>FAMILY GIVEN | (2)<br>STATE NUMBER | (3)<br>PERIOD COVERED<br>BY ADJUSTMENT | (4)<br>REASON FOR ADJUSTMENT         | (5)<br>TOTAL AMOUNT<br>OF ADJUSTMENT | (6)<br>EXCESS | (7)<br>FEDERAL | (8)<br>STATE | (9)<br>Do Not Write<br>IN THIS COLUMN                                      |
|-----------------------------|---------------------|--|--------------------------------------|--------------------------------------|---------------|----------------|--------------|--|
| Brown, Edward               | 50                  | 4/1/45 -6/30/45                        | Responsible Relative<br>Contribution | 25.00                                | 12.50         | 6.25           | 9.38         | (See Sec. 672-<br>50, Distribu-<br>tion of Adjust-<br>ments, Example<br>B) |
| Smith, John                 | 100                 | 10/1/45-10/31/45                       | Excess Personal<br>Property          | 60.00                                | 20.00         | 20.00          | 20.00        | (See Sec. 672-<br>50, Distribu-<br>tion of Adjust-<br>ments,<br>Example C) |
| Cook, James                 | 146                 | October 1946                           | Responsible Relative<br>Contribution | 25.00                                | 15.00         | 5.00           | 10.00        | (See Sec. 672-<br>50, Distribution<br>of Adjustments,<br>Example G)        |
|                             |                     |  | TOTALS                               | 110.00                               | 47.50         | 31.25          | 39.38        |  |

FORM BL 47-DFA SHOULD BE SUBMITTED FOR EACH REPAYMENT UPON ITS RECEIPT BY THE COUNTY AND PRIOR TO ITS BEING REPORTED ON THIS SCHEDULE.



672-50

Example H

ANC of \$140.00 was paid for three children living with their mother. Later it was discovered that the family had received income in October, 1946, which resulted in an \$88.00 overpayment in that month. The county requested repayment of \$88.00. (See Section 670-85, Overpayments Caused by Income.) Of the total repayment of \$88.00, \$41.00 represents county supplemental aid and may be applied first to county funds. The balance of \$47.00 represents the basis of adjustment for purposes of distribution.

The distribution ration is determined as follows:

|   | <u>Total</u> | <u>Federal</u> | <u>State</u> | <u>County</u> |
|---|--------------|----------------|--------------|---------------|
| Actual grant for October, 1946<br>(3 eligible children) | \$99.00      | \$31.50        | \$45.00      | \$22.50       |
| Correct grant for October, 1946                         | 52.00        | 30.50          | 14.33        | 7.17          |
| Distribution of Adjustment                              | \$47.00      | \$ 1.00        | \$30.67      | \$15.33       |
| Distribution Ratio                                      | 100%         | 2.13%          | 65.25        | 32.62%        |

NOTICE OF REPAYMENT  
AID TO NEEDY CHILDRENCheck  
Type

Collection

Adjustment

X

(See Section 672-50 Example H)

To: STATE DEPARTMENT OF SOCIAL WELFARE  
616 K Street  
Sacramento, California

County.....

Date.....1/27/47

Name.....Davis, Alice

State No.....218

County No.....69

Date repayment received by Collection Officer.....1/20.....19<sup>47</sup>Date repayment deposited with County Treasurer.....1/23.....19<sup>47</sup>

Period(s) for which aid collected was paid.....October, 1946

Total amount of repayment.....\$47.00

Net amount to be refunded to United States Government.....1.00

Net amount to be refunded to State of California.....30.67

Net amount to be refunded to County.....15.33

Source of and reasons for repayment: (give full explanation)

Income received in the month of October, 1946.

Of total repayment of \$88.00, \$41.00 represents county supplemental aid. The difference of \$47.00 distributed as follows:

|                                   | Total   | Federal | State   | County  |
|-----------------------------------|---------|---------|---------|---------|
| Actual grant 3 eligible children  | \$99.00 | \$31.50 | \$45.00 | \$22.50 |
| Corrected grant for October, 1946 | 52.00   | 30.50   | 14.33   | 7.17    |
| Distribution of Adjustment        | \$47.00 | \$ 1.00 | \$30.67 | \$15.33 |
| Distribution Ratio                | 100%    | 2.13%   | 65.25%  | 32.62%  |

Deduction to be made from Children's Aid Claim for month of.....January.....19<sup>47</sup>(Signature of  
Collection Officer).....

(County---To be used for one case only)

SEND ONE COPY TO STATE DEPARTMENT OF SOCIAL WELFARE AT SACRAMENTO



REPORT OF ADJUSTMENTS  
FROM XXXXXXXXXX COUNTY

SUBMIT TWO COPIES TO  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO 14, CALIFORNIA

FOR AID TO NEEDY CHILDREN  
TO ACCOMPANY JANUARY 1947, MONTHLY CHILDREN'S AID CLAIM

| (1)<br>FAMILY | (2)<br>NAME OF PAYEE<br>GIVEN | (3)<br>FAMILY<br>NAMES OF CHILDREN<br>GIVEN | (4)<br>STATE NUMBER | (5)<br>PERIOD COVERED<br>BY ADJUSTMENT | (6)<br>REASON FOR<br>ADJUSTMENT | (7)<br>TOTAL AMOUNT<br>OF ADJUSTMENT<br>(SEE NOTE BELOW) | (8)<br>FEDERAL | (9)<br>STATE | (10)<br>COUNTY | (11)<br>Do NOT WRITE IN<br>THIS COLUMN   |
|---------------|-------------------------------|---|---------------------|--|---------------------------------|--|----------------|--------------|----------------|--|
| Brown, Mary   |                               | Brown, Jane<br>Robert<br>Clifford           | 123                 | 1/1/45-3/31/45                         | Excess<br>Income                | 157.50   | 9.00           | 99.00        | 49.50          | (See Sec. 672-50<br>Distribution of<br>Adjustments,<br>Example D)<br><br>(See Sec. 672-50<br>Distribution of<br>Adjustments,<br>Example H) |
| Davis, Alice  |                               | Johnson, Ruth<br>Richard<br>Elizabeth       | 218                 | October 1946                           | Excess<br>Income                | 47.00  | 1.00           | 30.67        | 15.33          |  |
|               |                               |   |                     |  |                                 | 204.50   | 10.00          | 129.67       | 64.83          |  |

## Example B

OAS of \$45.00 a month was paid to a recipient from October 1, 1946, to November 30, 1946, and \$40.00 for the month of December, 1946. The total amount of aid paid was \$130.00. Of this amount the Federal Government paid \$72.50, or 55.77%; the State paid \$47.91, or 36.85%; and the County paid \$9.59, or 7.38%.

A voluntary repayment of \$115.00 is made by the recipient. Since the period covered by the repayment was not specified, the collection was allocated to the entire period during which aid was paid and distributed as follows:

|                              | <u>Total</u> | <u>Federal</u> | <u>State</u> | <u>County</u> |
|------------------------------|--------------|----------------|--------------|---------------|
| Aid paid 10/1/46 -- 11/30/46 | \$90.00      | \$50.00        | \$33.33      | \$6.67        |
| Aid paid December, 1946      | 40.00        | 22.50          | 14.58        | 2.92          |
| Total aid paid               | \$130.00     | \$72.50        | \$47.91      | \$9.59        |
| Distribution Ratio           | 100%         | 55.77%         | 36.85%       | 7.38%         |
| Distribution of Collection   | \$115.00     | \$64.13        | \$42.38      | \$8.49        |



REPORT OF COLLECTIONS  
FROM XXXXXXXXXXXXX COUNTY  
FOR AID TO NEEDY AGED PERSONS  
TO ACCOMPANY JANUARY 1947, MONTHLY AGED CLAIM

SUBMIT THREE COPIES TO  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIA

| (1)<br>NAME<br>FAMILY GIVEN | (2)<br>STATE NUMBER | (3)<br>DATE OF<br>COLLECTION | (4)<br>PERIOD COVERED<br>BY COLLECTION | (5)<br>REASON FOR COLLECTION | (6)<br>TOTAL AMOUNT<br>OF COLLECTION | (7)<br>EXCESS | (8)<br>FEDERAL | (9)<br>STATE | (10)<br>Do Not Write<br>in this Column                    |
|-----------------------------|---------------------|------------------------------|--|------------------------------|--------------------------------------|---------------|----------------|--------------|---|
| Miller, George              | 2001                | 12/15/46                     | 4/1/44-12/31/44                        | Voluntary                    | 25.00                                |               | 10.35          | 12.21        | (See Sec. 673-25, Distribution of Collections, Example A) |
| Johnson, Maria              | 2452                | 1/2/47                       | 10/1/46-12/31/46                       | Voluntary                    | 115.00                               |               | 64.13          | 42.38        | (See Sec. 673-25, Distribution of Collections, Example B) |
|                             |                     |                              |  | TOTALS                       | 140.00                               |               | 74.48          | 54.59        |   |

Certified as a Regulation (or as  
Regulation of the

Dept of Social Welfare  
(Name of State Agency)

C M W. Bentley  
(Signature) 210

Director  
(Title)

11/26/46  
(Date)



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616 K STREET  
(14)

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WASHINGTON BUILDING  
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(13)

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(3)

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento 14  
November 26, 1946

SOCIAL WELFARE BOARD

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1680 NORTH VINE STREET  
LOS ANGELES

MRS. BERNICE H. CHIPMAN  
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SACRAMENTO, CALIF.

1946 NOV 27 PM 2 15

FRANK M. JORDAN  
SECRETARY OF STATE  
STATE OF CALIFORNIA

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:

My dear Mr. Jordan:

Attached are three copies of the following regulations made  
by the State Department of Social Welfare.

### BOARDING HOME MANUAL LETTER NO. 2

These are emergency regulations effective immediately.

These regulations are filed in accordance with Section 11381  
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,

*Charles M. Wollenberg*  
CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

206:b5  
Attachments

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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

November 27, 1946

164

BOARDING HOME MANUAL LETTER NO. 2

Attached is Revision 1 for your Manual Boarding Homes for Aged and Children adding Section V-326, Conformity with Local Ordinances.

At the end of the page containing Section IX-350, Forms to be Used in Filing Claims, please cross out "(Section Continued on Next Page)".

FILED

In the office of the Secretary of State  
of the State of California

NOV 27 1946

FRANK M. JORDAN, Secretary of State

By

*Robert V. Jordan*  
Assistant Secretary of State



Certified as a regulation (or as  
Regulations) on the

Dept of Social Welfare  
(Name of State Agency)

M. S. McKinney  
(Signature)

Director  
(Title)

12/23/46  
(Date)

V-325 CLEARANCE WITH LOCAL HEALTH AUTHORITY - SUMMER PROGRAMS

V-325

Inspection should be secured wherever possible by the local health department of milk supply, refuse and sewage disposal, water analysis of swimming pools, general sanitation of premises, food preparation and storage in boarding homes with expanded summer programs. The guidance of the health department shall likewise be followed with regard to the adequacy of toilet and bathing facilities.

V-326 CONFORMITY WITH LOCAL ORDINANCES

V-326

The accredited licensing agency, and the SDSW for the accredited inspection agency, shall issue licenses on the basis of conformity to the standards issued by the SDSW which do not require conformity to local ordinances. The responsibility of operators or foster mothers to conform to local ordinances when such ordinances exist shall be called to their attention. Enforcement of local ordinances rests with local authorities and no responsibility to enforce such local ordinances shall be assumed by the SDSW or the accredited agency.

The foregoing does not preclude the determination of fire safety and sanitary conditions (see Secs. V-310, V-320, V-325) as standards issued by the SDSW require fire safety and sanitary conditions (see Secs. III-400, IV-370).

V-330 HOME VISIT - NEW APPLICATION

V-330

The home visit and interviews with members of the family shall be completed.

In the case of children's boarding homes, it is advisable to interview all members of the household, especially both foster parents and the adult and adolescent children, to determine their attitude toward boarding children, and to evaluate family relationships. It is desirable that the applicants' minor children be seen in order to evaluate the relationship between parents and own children and the social and emotional adjustment of the children.



V-340      INFORMATION AND INSTRUCTION TO APPLICANT - NEW APPLICATION

V-340

Either at the time of the home visit or later when the license is issued, the standards shall be reviewed with the foster mother or operator. The requirements of a register shall be made clear, and forms for the register may be given to the foster mother or operator.

The purpose and use of a written consent for medical care shall also be discussed. It must be clear to the foster mother or operator that there shall be strict adherence to the terms of the license in respect to numbers, ages, and sex of children under care.

V-350      PHYSICAL EXAMINATIONS - NEW APPLICATION - BHC

V-350

Physical examinations and reports on each member of the family are desirable, although not mandatory. See Sec. IV-190, Physical and Mental Health of Foster Family.

V-360      INCOME - NEW APPLICATION

V-360

Income need not be routinely verified. See Sec. IV-220 for discussion of income for boarding homes for children, and Sec. III-870 for boarding homes for aged.

V-370      REPORT OF SOCIAL STUDY OF HOME - NEW APPLICATIONS

V-370

The evaluation of the home shall be recorded.

The evaluation of the home and recommendations for licensing action may be recorded on the social study forms provided (BHA 21 and BHC 21). However, an adequate narrative covering the necessary points may be used instead. (Inspection agencies shall make this report in duplicate.)

Certified as a Regulation (or as  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Wm. S. Sullivan  
(Signature)

Director  
(Title)

12/23/46  
(Date)



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Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento 14  
December 23, 1946

### SOCIAL WELFARE BOARD

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1680 NORTH VINE STREET  
LOS ANGELES

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135 NORTH BRIGHT AVENUE  
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MRS. JESSIE S. WILLIAMSON  
2816 OAK KNOLL TERRACE  
BERKELEY

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:


My dear Mr. Jordan:

Attached are three copies of the following regulations made by  
the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 289-A (WS)  
DEPARTMENT BULLETIN NO. 294-A (WS)

These regulations are filed in accordance with Section 11381  
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,

  
CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

206:b5  
Attachments

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1946 DEC 26 AM 8 52

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STATE OF CALIFORNIA

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EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
November 21, 1946

W410 103, 113, 114, 115,  
120, 120.5

DEPARTMENT BULLETIN NO. 289-A (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Civilian War Assistance  
Reimbursement for Medical Care  
Through U.S. Public Health Service  
Secured by Repatriates and Evacuees

Department Bulletin No. 289 (WS) outlines the procedures to be followed in order that repatriates or evacuees may secure reimbursement for medical and dental care.

The U.S. Public Health Service has requested that in addition to those points enumerated in Bulletin 289, it is necessary for the repatriate or evacuee to submit with other documents a statement showing why private hospitalization was obtained. Therefore, in the future, when advising repatriates or evacuees on this subject, please instruct them that all requests for reimbursement must be accompanied by this statement. From an analysis of the requests received thus far, the primary reason seems to be that they were unaware that the service was available. This seems to be accounted for by the fact that many repatriates left the docks with friends or relatives and did not come in contact with welfare agencies.

Very sincerely yours,

*Charles M. Wollenberg*

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare



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LOS ANGELES OFFICE  
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995 MARKET STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
December 3, 1946

Wd 10 103, 113, 114, 115  
120, 120.5

DEPARTMENT BULLETIN NO. 294-A (WS)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Medical Care Under the Civilian  
War Assistance Program

The following information received from the U.S. Public Health Service supersedes instructions issued in Department Bulletin No. 294 (WS) under Item V, Paragraphs 3 and 4 on Page 5.

The U.S. Public Health Service will pay for care rendered up to October 1, 1946, on those cases in which care was authorized and actually started prior to August 16. Payment for care through Civilian War Assistance funds shall be made by the counties on those cases already referred in which there are outstanding bills for care during this overlapping period.

Payment for care started August 16 or thereafter will be met through Civilian War Assistance funds when eligibility is established in accordance with the provisions of Department Bulletin No. 294 (WS). All care rendered after October 1 will be met through Civilian War Assistance funds.

Very sincerely yours,

Charles M. Wollenberg

CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

Certified as a Regulation (or as  
Regulations) of the

*Dept of Forest Service*  
(Name of State Agency)

*W. B. Lusk*  
(Signature)

*Director*  
(Title)

*12/26/46*  
(Date)



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616 K STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

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DEPARTMENT OF SOCIAL WELFARE

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995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
November 29, 1946

1299

MANUAL LETTER NO. 98

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers by chapters are as follows:

|           |             |
|-----------|-------------|
| Residence | Revision 56 |
| Income    | Revision 50 |
| Relatives | Revision 32 |

These revisions were approved by the Social Welfare Board on November 22, 1946.

The addition to Sec. 122-10, ANC Determination of County Residence, points out how the residence of a child is governed upon the death of the mother where the mother's residence had determined the residence of the child.

Sec. 171-20, Responsibility of Parents for Children, as now revised, states that a mother who has sole custody of a child and whose relinquishment for adoption of the child has been filed with the State Department of Social Welfare is relieved of financial responsibility for the child.

## 122-05 COUNTY RESIDENCE

122-05

OAS, ANB, APSB, ANC

Assistance may be paid to a person, otherwise eligible, who has State residence under provisions of the respective category of aid provided that he resides in county in which application is made and has so resided continuously for at least one year (six months for ANB or APSB applicants who became blind while a resident of this State) immediately preceding date of application.

Any person otherwise eligible who qualifies under State residence requirements and who does not have county residence of one year (six months for ANB applicant who became blind while a resident of this State) may file application, or have application filed on his behalf, in county in which he resides. Aid, if granted, shall be reimbursed in full by State until required period of county residence has been completed. (SEE ALSO SEC. 122-15, NON-COUNTY RESIDENCE.) (W&IC 1526, 1527, 1560, 2140, 2160, 2200, 3040, 3041, 3042, 3042.10, 3075, 3090, 3430, 3431, 3432, 3433, 3450, 3460)

122-10 ANC DETERMINATION OF COUNTY OF RESIDENCE  
ANC

122-10

Residence of a child follows county residence of the parent who has custody. Residence of parent is determined by his union of act and intent. In order to determine county residence of children under ANC law, the following rules shall govern and shall be operative in consecutive order; i.e., subdivision a must be applied first and if that is not applicable, subdivision b must be applied; if that is not applicable then c must be applied, etc.:

- a. Residence of father determines that of child during lifetime of father unless father has abandoned child, has been legally deprived of its custody, or is in fact living separate and apart from mother of child. In the latter case, residence of child is determined by residence of parent who has his custody. "Legally deprived of its custody" is held to mean deprived of custody (1) because of the appointment of a legal guardian; (2) by reason of a court order declaring the child free from the parents' care and custody under Sec. 775 et seq. of the W&IC or (3) by court order in a divorce action. A parent of a child who is made a ward of the Juvenile Court under Sec. 700 of the W&IC is not deprived of custody by reason of such commitment.

If the mother's residence has been controlling the residence of the child under the provisions of the above paragraph, upon the death of the mother the county residence of the father begins to govern unless he has abandoned the child or has been legally deprived of its custody under Sec. 775 of the W&IC.

- b. If child's residence is not determined under subdivision a, then residence of mother determines that of child during lifetime of mother, unless mother has abandoned child or has been legally deprived of its custody. (See subdivision a for definition of "legally deprived of custody.") Residence of husband shall not be deemed residence of wife when they are living separate and apart and in such

(Section Continued on Next Page)



## 121-77 (Continued)

121-77

EXAMPLE B: CHILD BORN IN OHIO. ON AUGUST 6, 1939, FAMILY ENTERS CALIFORNIA TO VISIT RELATIVES. PARENTS RETURN TO OHIO BUT LEAVE CHILD FOR EXTENDED VISIT WITH RELATIVES. FATHER DIES, MOTHER REMAINS IN OHIO. ANC RESIDENCE REQUIREMENTS WOULD NOT BE FULFILLED BEFORE AUGUST 6, 1940.

EXAMPLE C: CHILD BORN IN IOWA. PARENTS DIVORCED IN IOWA, OCTOBER, 1938. MOTHER ESTABLISHED CALIFORNIA RESIDENCE ON MAY 8, 1939, AND HAS RESIDED HERE SINCE THAT DATE. FATHER AND CHILD REMAIN IN IOWA. FATHER DIES IN IOWA, JULY, 1940. CHILD JOINS MOTHER IN CALIFORNIA. CHILD ELIGIBLE TO ANC IN SO FAR AS RESIDENCE IS CONCERNED.

EXAMPLE D: CHILD BORN IN OHIO. PARENTS ESTABLISHED CALIFORNIA RESIDENCE ON APRIL 9, 1939, BUT CHILD REMAINED IN OHIO. FATHER DIED JUNE 23, 1940, MOTHER CONTINUES TO RESIDE IN CALIFORNIA. CHILD COMES TO CALIFORNIA TO JOIN MOTHER JULY 6, 1940, ELIGIBLE TO ANC IN SO FAR AS RESIDENCE IS CONCERNED.

EXAMPLE E: CHILD BORN IN NEVADA IN 1935. FAMILY ESTABLISHED CALIFORNIA RESIDENCE IN NOVEMBER 1936, AND REMAINED HERE UNTIL JANUARY, 1940, WHEN THEY RETURNED TO NEVADA INTENDING TO LIVE PERMANENTLY ON COUSIN'S RANCH. QUARRELED WITH COUSIN AND RETURNED TO CALIFORNIA, MARCH 3, 1940. FATHER SENT TO STATE PRISON APRIL 16, 1940. ANC RESIDENCE REQUIREMENTS NOT FULFILLED UNTIL ON OR AFTER MARCH 3, 1941.

121-95 EFFECT OF ABSENCE FROM UNITED STATES  
OAS, ANB, APSB, ANC

121-95

The tests of intent of residence discussed in the foregoing sections are applied if an applicant has been absent from United States. (SEE SEC. 123-50, LOSS OF STATE RESIDENCE WHILE IN RECEIPT OF AID) (W&IC 1560, 2140, 3075, 3460)

122-00 COUNTY RESIDENCE--GENERAL  
OAS, ANB, APSB, ANC

122-00

A period of county residence prior to date of application is not a requirement for eligibility to OAS, ANB, ANC, or APSB. However, length of residence in the county of application determines which governmental units participate in payment of aid. The State reimburses in full the amount of aid paid by the county to an eligible recipient until the required period of county residence has been completed.

In OAS, financial participation by county is required when recipient has completed one year of residence therein. In ANB or APSB, six months' county residence is sufficient if the recipient became blind while a resident of California; otherwise, the period is one year. In ANC, county financial participation is not required until a child has resided in the county for one year, except in the case of foundlings.

The legislature has set forth that applicants for or recipients of aid shall have the same freedom of movement and choice of residence accorded other residents of California. The county should inform applicants for or recipients of aid that such freedom of movement within the State entails administrative action, and therefore they should notify county of changes in residence in order to insure continued payment if in need. (W&IC 1526, 1527, 1560, 2140, 2160, 2200, 3040, 3041, 3042, 3042.10, 3075, 3090, 3430, 3431, 3432, 3432.1, 3433, 3450, 3460)

152-20 INCOME FROM PERSONAL PROPERTY  
OAS, ANB, APSB, ANC

152-20

Returns in the form of interest on money, bank or building and loan accounts, bonds, dividends upon stock, or other returns from personal property represent income. (SEE SEC. 150-50, TYPES OF CASUAL INCOME.)

Cash received as beneficiary of an insurance policy other than an insurance policy of the spouse and cash received on a periodic basis from an insurance policy owned by recipient (whether life, disability, compensation, or retirement insurance), represents income.

In OAS, ANB and APSB, income derived from personal community property shall be shared equally with the eligible or ineligible spouse. (W&IC 1560, 2140, 3075, 3460)



152-10 (Continued)

152-10

When the home is a part of business property such as chicken, dairy, or other ranching enterprise, and the assessed value of improvements (or buildings) in part belongs to the enterprise and in part to the dwelling, the portion of the assessed value of improvements to be considered as belonging to the home is left to the judgment of local authorities, unless allocation of assessed value of the dwelling can be secured from the assessor's records. Value of occupancy shall be computed on assessed value as with other homes.

EXAMPLE H: HOME IS ON A DAIRY RANCH. ASSESSED VALUE RE \$1000, IMP. \$2000, TOTAL \$3000. IMPROVEMENTS CONSIST OF SMALL THREE-ROOM DWELLING AND LARGE, MODERN BARN, DAIRY, ETC., ON 50 ACRES. IT IS DETERMINED BY LOCAL AUTHORITIES THAT THE DWELLING REPRESENTS ONLY 1/4 OF THE VALUE OF ALL IMPROVEMENTS. THE ASSESSED VALUE OF THE DWELLING SHALL BE \$500 + \$20 (1 ACRE OF LAND OR  $\frac{1000}{50} = \$20$ ) OR \$520.

50

If the home is part of an urban business property such as store building with apartment above, the assessed value of the portion used as the home shall be determined as above.

Homes on land owned by another may be assessed as personal property to the owner of the dwelling. Determine the value of occupancy in the same manner as for real property. Such homes may include cabins on Federal lands such as national forests, Indian reservations or allotments, land owned by a corporation or private land owned by another; etc.

If the dwelling is not assessed, the value of occupancy shall be based upon the appraised value in accord with the following table.

## Value of Occupancy as Determined by Appraised Value

| Appraised Value        | Value of Occupancy |
|------------------------|--------------------|
| \$500 or less. . . . . | \$3.00             |
| 501 - 799 . . . . .    | 4.00               |
| 800 - 999 . . . . .    | 5.00               |
| 1000 or over. . . . .  | 6.00               |

If rent is paid for the land on which the dwelling rests, the value of occupancy is determined by subtracting the monthly land rent from the appropriate figure set forth in the foregoing table. (SEE SEC. 150-40, DEFINITION OF CASUAL INCOME AND INCONSEQUENTIAL RESOURCES.)

A makeshift shelter of negligible value may be considered as inconsequential resource. (W&IC 2020, 2140, 3075, 3084, 3460, 3472)

## 171-10 MUTUAL RESPONSIBILITY OF SPOUSES

171-10

OAS, ANB, APSB, ANC

Responsibility for the support of an applicant or recipient rests first with the spouse since husband and wife contract towards each other obligations of mutual respect, fidelity and support.

If the husband neglects to make adequate provision for the support of his wife, except in the cases mentioned below, any other person may, in good faith, supply her with articles necessary for her support and may bring action to recover the reasonable value thereof from the husband.

A husband abandoned by his wife is not liable for her support until she offers to return, unless she was justified in abandoning him by his misconduct. He is not liable for her support when she is living separate from him by agreement unless such support is stipulated in the agreement.

The wife must support the husband, when he has not deserted her, out of her separate property, if he has no separate property, if there is no community property and if he is unable, from infirmity, to support himself.

While it is true that ordinarily the earnings of the wife, while living with her husband, are community property under the control of the husband and, in a strictly legal sense only, subject to his disposition, yet it is permissible for the spouse to enter into an agreement whereby the wife may retain such earnings for the support of herself and dependent children. (W&IC 1560, 2160, 3088, 3474)

## 171-20 RESPONSIBILITY OF PARENTS FOR CHILDREN

171-20

ANB, APSB, ANC

The parent entitled to the custody of a child must give him support and education suitable to his circumstances. If the support and education which the father of a legitimate child is able to give is inadequate, the mother must assist him to the extent of her ability.

In actions for divorce, the court may, during the minority of any of the children of the marriage, make such order for the custody, care, education, maintenance and support of such minor children as may seem necessary or proper and may at any time modify or vacate the order.

When a divorce is granted for an offense of the husband, the court may compel him to provide for the maintenance of the children of the marriage. Remarriage of the natural mother shall not affect the father's responsibility to provide for the maintenance of the children of their marriage.

The juvenile court may deprive the parents of the custody and control of a child under 21 years of age, under certain circumstances (see W&IC 701). Any final order of the court shall be conclusive and binding upon the person declared free

(Section Continued on Next Page)



171-00 DEFINITION OF RESPONSIBLE RELATIVES  
OAS, ANB, APSB, ANC

171-00

Relatives who are liable for the support of another person, because of their relationship to the other person, are legally responsible relatives. The relationship may be the result of a blood tie such as that existing between parents and children, or the result of a contract such as marriage or adoption.

No person is deemed liable for the support of another person until he is first able to maintain himself; e.g., an adult son would not be deemed able to support a father unless he can first provide a living for himself, and, if married, a living for his dependent spouse and minor children. A married daughter shall not be required to make contributions to an applicant or recipient unless she has income constituting her separate property. (SEE GLOSSARY, COMMUNITY AND SEPARATE PROPERTY.)

In OAS, responsible relatives are the spouse and adult children. Responsibility for support of the applicant or recipient rests first with the spouse and then with the adult children. The marriage of an adult child does not relieve him of responsibility for the support of his parents.

In ANB and APSB, responsible relatives are spouse, parent and adult child. They are responsible for the support of the applicant or recipient in the order named. Both married and unmarried adult children are responsible.

In ANC, parents are responsible for the support of their children, and children for the support of their parents.

Minor children are not responsible for the support of their brothers and sisters.

The father and mother of an unmarried minor child are equally entitled to his custody, services and earnings, unless the child has been emancipated by the parents. (W&IC 1560, 2160, 3088, 3474)

171-30 RESPONSIBILITY OF CHILDREN FOR PARENTS  
ANC

171-30

It is the duty of the father, the mother, and the children of any poor person who is unable to maintain himself by work, to maintain such person to the extent of their ability. The promise of an adult child to pay for necessities previously furnished to such parent is binding.

The adult child shall not be required to contribute to his parents to a degree which will deprive his own children of proper health and education. (W&IC 1560, CIVIL CODE 156, 156A)

171-35 RESPONSIBILITY OF MARRIED DAUGHTERS FOR PARENTS  
OAS, ANB, APSB

171-35

A married daughter has the same legal responsibility as an unmarried daughter or son for the support of a parent or parents, except that a married daughter shall not be required to make contributions unless she has income constituting her separate property. (SEE GLOSSARY--COMMUNITY AND SEPARATE PROPERTY) (W&IC 2160, 3088, 3474)

171-40 RIGHTS AND PRIVILEGES OF PARENTS OF MINOR CHILDREN  
OAS, ANB, APSB, ANC

171-40

The father and mother of a legitimate unmarried minor child are equally entitled to his custody, services and earnings. If either parent is dead, or unable or refuses to take the custody, or has abandoned his or her family, the other is entitled to the child's custody, services and earnings.

The mother of an illegitimate unmarried minor is entitled to his custody, services and earnings.

The parents of an adopted child have all the rights and are subject to all the duties of the legal relation of parent and child.

The parent, whether solvent or insolvent, may relinquish to the child the right of controlling him and receiving his earnings. Abandonment by the parent is presumptive evidence of such relinquishment.

A child is emancipated and the authority of the parent ceases upon (1) appointment of a guardian, (2) marriage, (3) attainment of majority.

A parent's right to his minor child's services and earnings may be released and surrendered. Such release, which sets the child free from legal subjection and gives him the right to labor for himself and collect and control his wages is called emancipation.

(Section Continued on Next Page)



171-20 (Continued)

171-20

from the custody and control of his parents, and, likewise, upon such parents and upon all other persons properly served. In this situation, the parents no longer have responsibility for the support of their children and the children no longer are responsible for their parents. The father, as well as the mother, of an illegitimate child must give him support and education suitable to his circumstances.

When a mother who has sole custody of an illegitimate child has relinquished her child for adoption and the relinquishment has been filed with the SDSW, the mother is relieved of financial responsibility for the child. Therefore, neither her ability to support nor her personal or real property evaluation are pertinent to eligibility. However, if, at the time application for ANC is made, the relinquishment for adoption has not been filed with the SDSW, there must be a determination that the legal provisions regarding personal and real property are met and the extent to which the mother may be able to contribute toward the child's support established.

After adoption the adoptive parents and child shall sustain toward each other the legal relation of parent and child and have all the rights and be subject to all the duties of that relation. A stepparent may legally adopt a child of his spouse by a former marriage, in which case he becomes an adoptive parent.

An adult child unable to maintain himself by work is entitled to support from his parents.

If a parent neglects to provide articles necessary for his child, who is under his charge, according to his circumstances, a third person may in good faith supply such necessities and may bring action to recover the reasonable value thereof from the parent.

Regardless of agreements or decrees, the statutory duty of a father to support his child may be enforced during minority. The estate of a child can not be resorted to for his support if the parents are able adequately to perform this duty.

The Penal Code, Section 270, makes the father, or, when he is dead, the mother, criminally liable for wilful failure to support a child. The father is not excused merely by reason of the fact that the mother has custody, or that the mother or anyone else is already supporting the child.

A husband is not bound to maintain his wife's children by a former husband, but if he receives them into his family and supports them, it is presumed that he does so as a parent, and where such is the case, they are not liable to him for their support, nor he to them for their services. (AGO NS1600; W&IC 701, 1500, 1501, 1560; CIVIL CODE 224; PENAL CODE 270)

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Earl Warren  
Governor

STATE OF CALIFORNIA

# Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento 14  
December 26, 1946

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Secretary of State  
Room 109, State Capitol  
Sacramento, California

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SECRETARY OF STATE  
STATE OF CALIFORNIA

IN REPLY PLEASE REFER  
TO:

My dear Mr. Jordan:

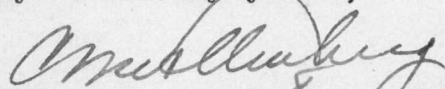
Attached are three copies of the following regulations made  
by the State Department of Social Welfare.

MANUAL LETTER NO. 99

These are emergency regulations effective January 1, 1947.

These regulations are filed in accordance with Section 11381  
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

206:b5  
Attachments



MAIN OFFICE  
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GOVERNOR

STATE OF CALIFORNIA

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CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
December 27, 1946

**1297**

MANUAL LETTER NO. 99

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers canceled on the separators for the revised chapters. Revision numbers by chapters are as follows:

Financial Procedures  
Special Services

Revisions 197 thru 203  
New Sections

These revisions were approved by the Social Welfare Board on December 20, 1946.

Section 645-00, Federal Participation in Administrative Costs, and Section 645-10, Expenditures for Purposes of Administration, were revised to make provision for Federal participation in boarding homes for aged administrative expense.

Section 645-40, Categories Under Which Time is Recorded (DFA Forms 42 and 43), and Section 646-80, Forms Used in Administration Expense Claims, were revised to include time recording for aged and children's boarding home administration and to provide for boarding home administration expense claims.

The effective date for the above sections has been designated by the Social Welfare Board as January 1, 1947.

Sections 475-00, 475-05 and 475-10 are new sections covering the service aspects and relation of the Boarding Home programs to public assistance.

## 475-10 RULES AND REGULATIONS BOARDING HOMES AND INSTITUTIONS

475-10

The SDSW has exercised its rule making powers to the end that a procedure be established and standards set up to govern the inspection and licensing of boarding homes and institutions for aged and children. These procedures, rules and regulations are set down in a Manual Boarding Homes for Aged and Children as the official policy of the SDSW. (For content of procedure, rules and regulations for Boarding Homes and Institutions see Boarding Home Manual.)



## CARE FOR AGED AND CHILDREN IN BOARDING HOMES AND INSTITUTIONS

## 475-00 RELATION INSPECTION AND LICENSING FUNCTION OF THE SDSW AND ITS RELATION TO PUBLIC ASSISTANCE FUNCTION 475-00

The W&IC provides that the SDSW through its rule making power shall set up standards for boarding homes and institutions providing care for aged and children. The exercise of the inspection and licensing functions by the SDSW and its accredited agencies makes available to all interested persons places where care may be obtained and which are known to meet certain standards.

This is closely related to and serves recipients of OAS and ANC programs. Sec. 2005 of W&IC provides that aid shall be given under the OAS program "to every applicant in his own or in some other suitable home of his own choosing" -- Sec. 1503 of W&IC states that it is the purpose of the ANC program "to keep children in their own homes wherever possible and to provide the best substitute for their own homes for those children who must be given foster care." (W&IC 1503, 1620, 2005, 2300)

## 475-05 SERVICE ASPECTS BOARDING HOME PROGRAM

475-05

It is recognized that recipients have needs which can not be met by money payments alone. Assistance in the form of money payments must in many cases be supplemented by assistance in the form of services. The development, maintenance and improvement of local resources for those who need or desire shelter care is an integral part of California's program for the care for the aged and for the care of children. A recipient of public assistance who wishes to reside in a boarding home or institution is entitled to find a reservoir of homes from which a choice may be made. It is a duty of the SDSW and its accredited agencies to provide such services as will establish the suitability of the homes from among which the recipient may choose. The SDSW and its accredited agencies render the service of developing, maintaining and improving community resources with this objective in mind in its broadest sense for while recipients of public assistance benefit directly the services mentioned are available to all whether recipients or not.

## 645-10 EXPENDITURES FOR PURPOSES OF ADMINISTRATION

645-10

OAS, ANB, ANC

An expenditure for purposes of administration must be for purposes other than "assistance" (cash or kind), must be directly pertinent or reasonably related to the provisions of assistance in the category to which it is allocated and must not be properly chargeable to another program or to any form of assistance as such. (FSS-ADMIN.)

The usual activities involving costs of public assistance administration for which participation may be claimed are:

1. Supervising the operation of public assistance programs;
2. Developing, evaluating and modifying standards of operation;
3. Maintaining social, financial and statistical records;
4. Preparing and presenting information to official bodies and the public;
5. Determining the original and continued eligibility of individuals for financial assistance and ascertaining the amount of assistance to be granted; e.g.:
  - a. The cost of blind eye examinations. (SEE SECS. 180-15, DETERMINATION OF DEGREE OF BLINDNESS; 180-50, REEXAMINATION OF EYES TO DETERMINE CONTINUED ELIGIBILITY; 235-00, PHYSICIAN'S REPORTS OF EYE EXAMINATIONS; AND 645-80, EXPENDITURES FOR EYE EXAMINATIONS.)
  - b. The cost of \$1.00 for search of draft records. (SEE SEC. 107-85, DRAFT BOARD RECORDS AS AGE EVIDENCE.)
  - c. The cost of search of census records, \$1.00 for routine search or \$3.00 provided the circumstances justify a special search. (SEE SEC. 107-65, U. S. CENSUS RECORDS AS AGE EVIDENCE.)
6. Providing such financial assistance. (W&IC 1553, 2186, 3087; FSS-ADMIN.)
7. Recruitment, inspection, licensing and supervision of boarding homes for the aged and assistance rendered clients in selecting a boarding home. (The administration of the Children's Boarding Home program under W&IC Secs. 1620 - 1631 is not subject to Federal participation since the FSS-Act excludes Federal assistance in behalf of children in boarding homes.) (W&IC 2005, 2300, 2311)



## 645-00 FEDERAL PARTICIPATION IN ADMINISTRATIVE COSTS

645-00

OAS, ANB, ANC

Federal participation in county administrative costs is claimed on the basis of one-half of the actually incurred costs of administration for:

- a. Assistance to cases eligible for Federal participation;  
and
- b. Recognized services, to individuals or groups of individuals, reasonably related to the categorical aid programs.

The Federal Government does not participate in administrative expenditures for the operation of projects such as commissary stores, woodyards, sewing, shoe repair, and other miscellaneous projects. Administrative expenses for such projects, when included in the county welfare appropriations, must be included on the administrative expense worksheets and must be reported separately or included in the OWP column. (FSS-ADMIN.)

645-30 (Continued)

645-30

segregable by programs. Daily copies are submitted to employee's supervisor or time clerk at end of month (with Form DFA 43) for checking as to accuracy. Completed Forms DFA 42 shall be maintained on file in county office for the current and immediately preceding month. (SEE FORM DFA 42 IN SEC. 646-99, ADMINISTRATIVE EXPENSE FORMS.)

2. Employee's Monthly Time Record (Form DFA 43). Time is recorded on this form to the nearest half hour by every county employee whose salary in whole or in part is paid from funds budgeted for the county welfare department and whose name appears on the pay roll of that department. Employees who work on one program only or whose duties are such that no segregation by program can be made of their time are not required to use Form DFA 42 and shall post their time directly to Form DFA 43. Employees who keep Form DFA 42 shall transfer their daily time totals to Form DFA 43, adjusting to the nearest half-hour. After completion of Form DFA 43, it must be signed by the employee and countersigned by the employee's supervisor, who attests to the accuracy of the time record. Copies of Form DFA 43 shall be retained in the county files until authorization for their destruction has been secured from the SDSW. The data on Administrative Expense Work Sheet for Allocation of Expenditures Based on Results of Time Recording (Form DFA 64) are compiled from Form DFA 43. (SEE SECS. 646-70, RULES FOR ALLOCATING ADMINISTRATIVE EXPENSE, AND 646-80, FORMS USED IN ADMINISTRATIVE EXPENSE CLAIMS.) (SEE FORM DFA 43 IN SEC. 646-99, ADMINISTRATIVE EXPENSE FORMS.)

"Division" on Form DFA 42 and "Unit" on Form DFA 43 mean activity, e.g., Administrative, Social Service, Accounting, etc.

"Title" on Forms DFA 42 and DFA 43, respectively, means the employee's civil service or merit system classification. (W&IC 1560, 2140, 3075; FSS-ADMIN.)



645-26 EXPENDITURES FOR COMMISSARIES  
GR

645-26

Commissary costs shall be determined and handled as direct charges to this activity where readily determinable. They may be reported on the Administrative Expense Worksheets (Forms DFA 64 and 64A) under the caption "Commissary" or the OWP column may be used.

Joint expenditures applicable to the categorical aid programs only will be allocated as such.

Only expenditures for Salaries and Wages, Maintenance and Operations, and Capital Outlay by which all welfare programs and the commissary benefit, shall be treated as overall expenses. An example of the latter would be the salary of a county welfare director who is responsible for the operation of all welfare programs including the commissary. (W&IC 1561, 2140, 3091; FSS-ADMIN.)

645-30 TIME RECORDING BY EMPLOYEES  
OAS. ANB. ANC

645-30

Salaries and wages paid to employees of county welfare department are apportioned among the programs administered by the department in accordance with the ratio of gross man-hours worked on each program by each employee. The basis of this recording is the maintenance by employees of daily and/or monthly time records. Such time recording by employees is a continuous process and the allocation of time among programs is done individually by all persons whose daily work is identifiable with different programs. (SEE SEC. 646-70, RULES FOR ALLOCATING ADMINISTRATIVE EXPENSE.)

The daily and monthly SDSW time recording forms (Forms DFA 42 and DFA 43) provide the necessary facilities for making such a segregation. Any county wishing to substitute a specially designed form to suit its particular needs shall submit the proposed form to the SDSW for approval.

Forms used in recording time are:

1. Employee's Individual Daily Time Record (Form DFA 42). Time is recorded on this form to the nearest five minutes and is totaled by programs at the end of each day for posting to the Monthly Time Record (Form DFA 43). All time worked during a day, including overtime, shall be recorded on Form DFA 42 by employees who work on more than one program and whose duties are such that their time is

(Section Continued on Next Page)

645-40 (Continued)

645-40

Extraneous Activities (Ex.). Time shall be charged to this activity when it is spent on a category which is not a welfare program or which does not come under the jurisdiction of the county welfare department. If an employee regularly devotes a portion of his time to welfare duties and a portion to extraneous activity, such as work in the county auditor's or treasurer's office, and his salary is paid from the various budgets according to an arbitrarily fixed ratio, the maintenance of a time record by such an employee serves as a test of the ratio used and assists the county in appraising the method of apportionment. (See Sec. 645-20, EXPENDITURES FOR PERSONAL SERVICES.)

Other Combinations (O.C.). Time shall be charged to this category by employees who work on a special combination of programs when the component programs are integrated in the work of the employee to the extent that it is not possible for him to segregate his time among individual programs. The employee charges his time under this caption, specifying the programs involved, such as Ag, Bl-el; Ag, CA-inel; Ag, GR, CA-el, etc.

A more detailed breakdown of any or all welfare programs may be made by a county if administratively desirable, but the foregoing segregation is the minimum necessary for proper claiming of Federal participation.

Travel Time (Tr.). Time charged here includes all time spent enroute to or from a destination in furtherance of official duties and does not include time spent at destination.

Other Non-Allocable Time (NA). This category includes such time as cannot be identified with any activity or program, such as time in attendance at a conference of a general nature where the employee does not actively participate on behalf of any particular program.

Vacation. Time shall be charged to this item during period of vacation granted in accordance with merit system rules and regulations as set forth in Chapter 070-00, Welfare Personnel Standards.

Sick Leave. Time shall be charged to this item during periods of sick leave granted in accordance with merit system rules and regulations as set forth in Chapter 070-00.

Other Time Off. Time shall be charged to this item when absence of employee is not chargeable to Vacation or Sick Leave and is due to holidays or other leave with pay granted in accordance with merit system rules and regulations as set forth in Chapter 070-00. (W&IC 1560, 2140, 3075; PSS-ADMIN.)



645-40 CATEGORIES UNDER WHICH TIME IS RECORDED (FORMS DFA 42 AND 43)  
OAS, ANB, ANC

645-40

All employees should have a clear understanding of the proper definition of the different programs. The following outline applies in all ordinary situations:

OAS, ANB, APSB, and ANC (Ag, Bl, CA). Time shall be charged to these programs whenever such time is identifiable with an activity which has as its objective the administration of the OAS, ANB, APSB, or ANC law, respectively. Segregation shall be made in ANC and ANB between cases in which Federal participation is or is not involved. Participation shall be claimed only for time and expense allocable to cases in which Federal funds are included in the aid grant.

Aged and Children's Boarding Home Administration (BHA and BHC). Time shall be charged to aged or children's boarding home administration whenever such time has as its objective the administration of aged or children's boarding homes.

GR (formerly IN). Charge time to this category which was spent on activities which have as their objectives the administration of county aid and relief to indigents as set forth in the W&IC.

Other Welfare and Relief Programs (OWP). To these programs charge time expended on all welfare activities under the jurisdiction of the county welfare department except the OAS, ANB, APSB, ANC and GR (Formerly IN) programs. Programs charged under this heading would include county projects, CWS, etc. (SEE SEC. 645-25, EXPENDITURES FOR CWS.)

War Services Programs. Time expended should be charged in accordance with instructions outlined in the Financial Policies and Procedures Chapter of the War Services Handbook.

Over-all Salary Expense (Ov.). Time shall be charged to this category by administrative officers of the county welfare department and other employees whose duties are of a general nature and whose working time cannot be segregated among individual programs.

(Section Continued on Next Page)

646-80 (Continued)

646-80

2. Administrative Expense Affidavits (Forms BHA 80 and BHC 80) on which county officers attest to the amount of participation due for administrative expenses, shall be submitted in duplicate. (SEE FORMS BHA 80 AND BHC 80, IN SEC. 646-99, ADMINISTRATIVE EXPENSE FORMS)

- A. BHA 80 - Used to record the total expenditures made by county for Aged Boarding Home Administration (Column 5 Form DFA 64A) and also to record the number of valid licenses during the month (same as Total on Form BHA 81) to secure reimbursement for inspection and licensing services rendered under Sec. 2302 of the W&IC.
- B. BHC 80 - Used to record the total expenditures made by county for Children's Boarding Home Administration (Column 10, Form DFA 64A) and to record the number of valid licenses during the month (same as Total on BHC 81) to secure reimbursement for inspection and licensing services rendered under Sec. 1622 of the W&IC.

3. Administrative Expense Worksheet - Salaries and Wages (Form DFA 64), shall be submitted in triplicate. This form shows allocation of expenditures based on Monthly Time Record (Form DFA 43), for salaries and wages paid full and/or part time employees. (SEE FORM DFA 64 IN SEC. 646-99, ADMINISTRATIVE EXPENSE FORMS).

Name and Classification Title of each Employee: List the name as it appears on county pay roll records and the abbreviated classification title of each employee. Abbreviations used shall be those shown in Glossary - Merit System Classification Abbreviations.

Month Covered: Show the month for which each expenditure is applicable.

Column 1, Gross Total Expenditures, and Column 3, Total Allocable Expenditures, list actual compensation received as salary or wage. Do not include monies received for travel or other expenses. (W&IC 1560, 2140, 3075; FSS-ADMIN.)

Column 5, Aged Boarding Home Administration: Enter administrative expenses identifiable with Aged Boarding Home administration.

Column 9, Aid to Needy Children, Ineligible, enter administrative expense for Boarding Homes or Institution cases and Children claimed ineligible on Aid Affidavit (Form CA 800).

Column 10, Aid to Needy Children, Boarding Home Administration: Enter administrative expenses identifiable with Boarding Home Administration.

(Section Continued On Next Page)



646-80 FORMS USED IN ADMINISTRATIVE EXPENSE CLAIMS  
OAS. ANB. ANC

646-80

Monthly administrative expense claims consist of the following forms:

1. Administrative Expense Affidavit (Forms Ag, B1, CA 807) on which county officers attest to the amount of participation due for administrative expenses, shall be submitted in duplicate. (SEE FORMS AG, B1, CA 807, IN SEC. 646-99, ADMINISTRATIVE EXPENSE FORMS).

Aged Aid:

Item 1, on Form Ag 807, is the total amount paid by county for administration of both Old Age Security and Aged Boarding Home.

Item 1a, on Form Ag 807 is the total amount paid by county for administration of Old Age Security only.

Item 1b, on Form Ag 807 is the total amount paid by county for administration of Aged Boarding Home only.

Item 2, on Form Ag 807 is the total amount claimed for reimbursement of expenditures from Federal Funds, covering both Old Age Security and Aged Boarding Home.

Blind and Children's Aid:

Item 1, on Forms B1 and CA 807 is the total administrative expense incurred for all blind and children's cases under the law for the month.

Item 2, on Form B1 and CA 807 is the total administrative expense incurred for ineligible cases.

Item 3, on Form B1 and CA 807 is the total administrative expense incurred for all blind or children's cases eligible to Federal Aid.

Item 4, on Form B1, CA 807 is the total amount due from Federal Funds for Administrative Expenses. (1/2 of Item 3 above.)

In ANC, expenditures incurred for children in boarding homes or institutions including Boarding Homes Administration and for children otherwise ineligible to Federal participation claimed on the Aid Affidavit (Form CA 800) shall be included in Item 2 on the Administrative Expense Affidavit (Form CA 807).

(Section Continued on Next Page)

646-80 (Continued)

646-80

6. Administrative Expense Worksheets (Form DFA 64 and 64A) include two pages each; Page two provides, in addition to columns for Children's Aid and General Relief, columns for Child Welfare Services and Commissary. Three additional columns are provided for the insertion of other programs or projects upon which welfare employee's time or funds have been expended such as Civilian War Assistance.

Combinations for joint expenditures shall be itemized by inserting column numbers of programs concerned in columns provided on Administrative Expense Worksheets.

Joint and Over-all expenditures shall be distributed to the programs in accordance with Sec. 646-70, Rules for Allocating Administrative Expense.

Care shall be exercised to follow line numbers on the Administrative Expense Worksheet in extending total allocable expenditures on Page 1 to the columns on Page 2.

Claims for Administrative Expense shall be submitted immediately after close of each month. A separate claim shall be submitted for each calendar month. (SEE SECS. 601-00, QUARTERLY ESTIMATES OF EXPENDITURES FOR AID AND ADMINISTRATION, 600-10, QUARTERLY ADJUSTMENT OF FUNDS, 628-10, STATE AUDIT OF AID CLAIMS, AND 628-20, AID CLAIM CORRECTION). (W&IC 1560, 2140, 3075; FSS-ADMIN.)



646-80 (Continued)

646-80

4. Summary of County Employees Paid Less than Full Time Monthly Salary, (Form DFA 64B) shall be submitted in triplicate. This form provides for listing all persons employed for less than one full month and shows the dates employed, the total number of days paid, the regular rate for one full month's employment and the amount of warrant issued. When no employees listed on Form DFA 64 were paid for less than one full month, it is not necessary to submit Form DFA 64B. (SEE SEC. 645-50, COMPUTING LESS THAN FULL MONTHLY SALARY.) (SEE FORM DFA 64B IN SEC. 646-99, ADMINISTRATIVE EXPENSE FORMS.)

5. Administrative Expense Worksheets - Maintenance and Operation and Capital Outlay (Form DFA 64A) shall be submitted in triplicate. This form shows allocation of such expenditures based on results of time recording. (SEE FORM DFA 64A IN SEC. 646-99.)

Object of Expenditure shall contain a breakdown of all expenditures listed in county welfare department ledgers and budgets. The individual headings shall be used when further itemized accounts are kept by the county welfare department.

Column 1, Gross Total Expenditures, enter total cost of all items, including taxes, in this column.

Column 2, Less Extraneous expenditures, enter amount of taxes, other than state sales tax, or expenditures for use of other than the county welfare department, in this column.

Column 3, Total Allocable Expenditures, enter net cost of items. This will be the remainder of gross cost (Column 1) less extraneous expenditures (Column 2).

Column 5, Aged Boarding Home Administration: Enter administrative expenses identifiable with Aged Boarding Home Administration.

Column 9, Aid to Needy Children, Ineligible, enter administrative expense for boarding home or institution cases and children claimed ineligible on Aid Affidavit (Form CA 800).

Column 10, Aid to Needy Children, Boarding Home Administration, enter administrative expenses identifiable with Boarding Home Administration.

(Section Continued on Next Page)

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Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG

DIRECTOR  
46 DEC 27 PM 1 53  
Sacramento 14  
December 26, 1946

FRANK M. JORDAN  
SECRETARY OF STATE  
STATE OF CALIFORNIA

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Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

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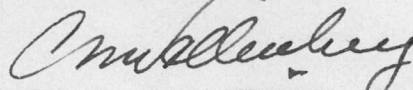
My dear Mr. Jordan:

Attached are three copies of the following regulations made  
by the State Department of Social Welfare.

ADOPTION MANUAL LETTER NO. 3

These regulations are filed in accordance with Section 11381  
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

206:b5  
Attachments



Certified as a Regulation (or as  
Regulations) the

Dept of Social Welfare  
(Name of State Agency)

W. B. Bailey  
(Signature)

Director  
(Title)

12/26/46  
(Date)

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CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento  
December 26, 1946

124

ADOPTION MANUAL LETTER NO. 3

The attached Manual revisions are to be entered in your copy of Manual of Adoption Policies and Procedures and the revision numbers cancelled on the inside of the Manual cover. Revision numbers 35 thru 38 are listed as follows by chapters:

Chapter IV, Investigation of Independent Adoptions  
Sec. 2310, The Child  
2315, The Petitioners  
2325, Report to the Court

Chapter VI, New Legal Relationship After Adoption  
Sec. 2520, Corrected Birth Certificate

Chapter VII, Other Legal Provisions Relative to Adoptions  
Sec. 2665, Sale of One Individual by Another

These revisions were adopted by the Social Welfare Board on December 20, 1946.

Section 2310, 2315 revisions are amplification of instructions previously given.

Section 2325 was corrected by deletion of the words "dull normal or" from third paragraph under "type of report."

Section 2520 as revised contains additional information re corrected birth certificate.

Section 2665 is a new section quoting provisions of the Penal Code regarding the sale of one individual by another.



2310 THE CHILD

2310

1. Birth Certificate Information

The agent shall obtain and review the birth certificate as soon as possible and shall compare the name, date, place of birth, and names of parents with information obtained from the parents, the petition and the questionnaire. Discrepancies shall be reconciled if possible and those which can not be reconciled shall be reported in the narrative and in the court report. (See Sec. 2645)

If the investigation discloses that the child's birth was not registered within one year after birth, the agent may accept in lieu of the birth certificate other verifications of the identity of the child, such as, a baptismal certificate, hospital record, other documentary evidence, or affidavits of persons having knowledge of the time and place of the birth of the child.

In such a situation the agent should suggest to the petitioners or their attorney that they wait until after the adoption is granted and file an application for delayed registration of birth. This should be filed in the new name of the child, giving the name of the adoptive parents as the natural parents and making no reference to the fact that an adoption has occurred. (See Sec. 2520, Corrected Birth Certificate)

If the child is foreign born, the agent shall obtain all possible information regarding entry into this country from the parents and/or the petitioners. Verification of legal entry may be made through papers in possession of the parents and/or the petitioners, the office of the Consul, or the Bureau of Immigration and Naturalization. (See Sec. 2315.2 i)

2. Medical Reports and Examinations

The agent shall obtain reports from the physician attending the birth of the child (in all cases of infants and as deemed advisable in cases of older children) concerning complications of pregnancy and birth, condition of the child, and reports of tests and examinations. (Form Adop M39 Rev.)

The agent shall obtain a report from the pediatrician, hospital, clinic, or other physician currently attending the child. (Form Adop M36 Rev.) In the case of an infant, the report should be on an examination made when the child is at least five months of age, the report to include a blood test for syphilis.

An exception may be made and a blood test need not be required on the child if there is a record of one negative blood test on the mother taken during pregnancy or on the mother or child at the time of delivery, and the social history on the mother indicates that she has not been promiscuous. (See Sec. 2350)

(Section Continued on Next Page)

2315 (Continued)

2315

this information, signed by the veteran, should be submitted with the request to Fort Miley. The agent shall, therefore, request permission to review discharge papers of all petitioners who have been in military service. Psychoneurotic discharges will be shown on the discharge papers under Section A.R. 615-361, Disability - Physical or Mental.

- (3) Clearance with institutions: The agent shall inquire whether either petitioner or any member of their immediate family is or has been confined in any public or private hospital for the mentally ill, or for narcotic or alcoholic treatment. If there has been any record of confinement, agent shall obtain complete information from the hospital.
  - (4) Psychometric and/or Psychiatric Reports: Psychometric and/or psychiatric examinations shall be requested when the agent's observation or information obtained elsewhere indicates the need for them.
- i. Verification of citizenship or legal entry: In all cases in which a petitioner reports that he is foreign born, information regarding his citizenship shall be verified. If the petitioner is an alien, his legal entry into the United States shall be verified.

Citizenship may be verified by reviewing citizenship papers in the petitioner's possession, in which event full information should be given in the narrative; or, if the petitioner does not have his papers, a letter from the county clerk giving the information will be acceptable.

Legal entry into the United States may be verified by any of the following:

- (1) Alien registration receipt card if it is endorsed by an official of the Alien Registration Division. The endorsement will appear across the face of the card and will show date and place of admission;
- (2) Declaration of intention to become a citizen;
- (3) Immigrant identification card issued between 7-1-28 and 7-1-40;
- (4) Passport, endorsed by Immigration and Naturalization Service to show admission as quota or non-quota immigrant;
- (5) If none of the above are available, date and place of entry may be obtained and a letter requesting verification directed to Immigration and Naturalization Service at the port of entry.

If no proof of legal entry can be obtained, the petitioner should be advised to go to the nearest immigration office to clear his status and have his entry adjusted. There may or may not be a penalty attached to it. (Section Continued on Next Page)



2325 (Continued)

2325

- b. A statement of the Department's estimate of the child as a proper subject for adoption.
- c. A statement of the Department's estimate of the suitability of the home for the child.
- d. A statement of the Department's recommendation:
  - (1) If the Department recommends that the petition be granted, the parents' consents in the possession of the Department must be attached to the report. There must be a statement that the Department has accepted the parents' consents, or the Department consents.
  - (2) If the Department recommends that the petition be denied, the section on consents must show that the consent of the parent was signed in the presence of an agent or notary, as the case may be, on the given date; but no reference will be made to the consent in the recommendation. The recommendation should show only the reasons for denial. In such cases the consent will be attached to the report. If the consent of the Department is necessary, the recommendation must show the reasons for denial and that the Department refuses to consent.

### 3. Types of Report

#### a. Complete report, content described above.

- (1) A recommendation of approval shall be made when it is determined that the child is a proper subject for adoption and that the home is suitable for the child.
- (2) A recommendation of denial shall be made in every case in which the investigation during the 180-day period or extension of time fails to establish that the child is a proper subject for adoption or the proposed home is suitable for the child. This shall include the following situations in which the child is too young for adequate testing:
  - (a) When nothing is known of one natural parent, and the investigation establishes that the other natural parent is of low intelligence;
  - (b) When it is not possible to obtain adequate information on either of the natural parents. This is particularly true in the case of a foundling or an abandoned child and would cover those cases in which the attorney may be using the abandonment procedure to prevent an interview with parents by the representative of this Department.

In both instances, final determination that the child is a proper subject for adoption shall be made only after complete physical and psychometric testing.

(Section Continued on Next Page)

## CHAPTER VI

## NEW LEGAL RELATIONSHIPS AFTER ADOPTION

2500 NAME

2500

1. A child when adopted, may take the name of the person adopting. (Sec. 228, Civil Code)
  - a. The petition for adoption and the order for adoption must set forth the name by which the child is to be known, whether or not it is to be changed. (Office of Legislative Counsel, 10-1-27 and Secs. 227 and 227aa, Civil Code)

2510 PARENT-CHILD RELATIONSHIP

2510

1. After adoption the child and petitioners shall sustain toward each other the legal relation of parent and child, and have all the rights and be subject to all the duties of that relation. (Sec. 228, Civil Code)
  - a. The parents of an adopted child are, from the time of the adoption, relieved of all parental duties towards, and all responsibility for, the child so adopted, and have no right over it. (Sec. 229, Civil Code)

2520 CORRECTED BIRTH CERTIFICATE

2520

1. For a child born in California whose birth was properly registered within one year after the date of birth, a corrected birth certificate can be issued after adoption, upon completion of the Certificate of Adoption, which is filed with the county clerk in the county where the petition was filed. (Sec. 10250 - 10254, Health and Safety Code; see Chapter VII, Sec. 2645.) The corrected certificate will bear the name of the child as shown in the adoption decree and the name of the adopting parents as the natural parents, but no reference will be made to the adoption of the child.

When a birth record has been established by a court order or entered by delayed registration prior to adoption, a corrected birth certificate cannot be issued in the new name of the child, as the record cannot be changed.

2. For a child born outside California it is sometimes possible to secure a corrected birth certificate. (See Chapter VII, Sec. 2645)



2530 CITIZENSHIP

2530

1. The citizenship of the child remains the same after adoption as before.
2. The 1940 Nationality Act, Section 316, 8 U.S. Code, 716, makes provisions for naturalization of an alien child adopted by U. S. citizens under certain specific conditions:
  - a. "Sec. 316. An adopted child may, if not otherwise disqualified from becoming a citizen, be naturalized before reaching the age of eighteen years upon the petition of the adoptive parent or parents if the child has resided continuously in the United States for at least two years immediately preceding the date of filing such petition, upon compliance with all the applicable procedural provisions of the naturalization laws, if the adoptive parent or parents are citizens of the United States, and the child was:
    - (1) Lawfully admitted to the United States for permanent residence; and
    - (2) Adopted in the United States before reaching the age of sixteen years; and
    - (3) Adopted and in the legal custody of the adoptive parent or parents for at least two years prior to the filing of the petition for the child's naturalization."

2540 INHERITANCE

2540

1. An adopted child succeeds to the estate of one who has adopted him, the same as a natural child. (Sec. 257, Probate Code)
2. An adopted child does not succeed to the estate of a natural parent when the relationship between them has been severed by the adoption, nor does the natural parent succeed to the estate of such adopted child. (Sec. 257, Probate Code)
3. The person adopting succeeds to the estate of an adopted child, the same as a natural parent. (Sec. 257, Probate Code)
4. An adopted child does not succeed to the estate of his natural parents (Sec. 229, Civil Code), but does inherit from his natural grandparents. (Estate of Darling 176 Cal 221; 159, P. 606)

2665 SALE OF ONE INDIVIDUAL BY ANOTHER

2665

1. Infringement of Personal Liberty or Attempt to Assume Ownership  
of Persons - Penalty

Every person who holds, or attempts to hold, any person in involuntary servitude, or assumes or attempts to assume, rights of ownership over any person, or who sells or attempts to sell, any person to another, or receives money or anything of value, in consideration of placing any person in the custody, or under the power or control of another, or who buys, or attempts to buy, any person, or pays money, or delivers anything of value, to another, in consideration of having any person placed in his custody, or under his power of control, or who knowingly aids or assists in any manner anyone thus offending, is punishable by imprisonment in the state prison not less than one nor more than ten years. (Sec. 181, Penal Code)



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Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES M. WOLLENBERG  
DIRECTOR

Sacramento 14  
December 27, 1946

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2816 OAK KNOLL TERRACE  
BERKELEY

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER  
TO:

My dear Mr. Jordan:

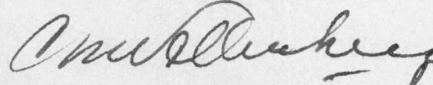
Attached are three copies of the following regulations made  
by the State Department of Social Welfare.

BOARDING HOME MANUAL LETTER NO. 3

These are emergency regulations effective immediately.

These regulations are filed in accordance with Section 11381  
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

206:b5  
Attachments

RECEIVED  
SACRAMENTO, CALIF.

1946 DEC 30 AM 10 21

FRANK M. JORDAN  
SECRETARY OF STATE  
STATE OF CALIFORNIA

Certified as a Regulation (or as  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Wm McKinley  
(Signature)

Director  
(Title)

12/27/46  
(Date)



MAIN OFFICE  
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616 K STREET

EARL WARREN  
GOVERNOR

STATE OF CALIFORNIA

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DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE  
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995 MARKET STREET

CHARLES M. WOLLENBERG  
DIRECTOR  
Sacramento  
December 26, 1946

162

BOARDING HOME MANUAL LETTER NO. 3

The attached manual revision is to be entered in your copy of the Manual Boarding Homes for Aged and Children and the revision number canceled on the inside of the Manual cover. This section was approved by the Social Welfare Board on December 20, 1946.

Sec. IX-500, Segregation of Aged and Children's Boarding Home Administrative Costs, is a new section making provision for segregation of administrative costs and a monthly report to SDSW.

Forms BHA and BHC 80 have been revised and will be used beginning January 1, 1947, in reporting for the period beginning January 1, 1947.

IX-500 SEGREGATION OF AGED AND CHILDREN'S BOARDING HOME ADMINISTRATION  
COSTS

IX-500

Accredited licensing and inspection agencies engaged in the administration of the Aged and Children's Boarding Home program shall maintain such records as are necessary to segregate the costs of this program. Monthly reports shall be forwarded to the SDSW.

For accredited licensing and inspection agencies which are county welfare departments, instructions for the maintenance of records and the submission of reports, as set forth in the SDSW Manual of Policies and Procedures, shall be followed.

For accredited licensing agencies which are not county welfare departments, plans for the maintenance of such records and for the submission of reports shall be developed by the SDSW in cooperation with the individual agencies.